

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR LICENSED PRACTICAL NURSES
101 DEE DRIVE, SUITE 100
CHARLESTON WV 25311
TELEPHONE: (304) 558-3572 FAX: (304) 558-4367
TOLL FREE 1-877-558-5767
EMAIL: lpn.board@wv.gov WEBSITE: www.lpnboard.state.wv.us

REQUEST FOR MEDICAL EXEMPTION FOR PERSONAL DISABILITY

I, _____, hereby apply for EXEMPTION from employment practice requirement for RENEWAL / REINSTATEMENT of my WV LPN License Number _____. I understand that if granted EXEMPTION from the employment practice requirement, this is ONLY VALID FOR THE CURRENT REPORTING CYCLE, and that I will not be eligible for a medical exemption during any subsequent reporting cycle. I also understand that this exemption will be prorated based on inclusive dates of disability. I further understand that utilization of this medical exemption does not exclude me from any audit of my continuing competence activities, and that the physician named below may be contacted to verify this information.

I, _____, hereby authorize release of medical records to verify information on this form.

Signature of Licensee Date
Social Security Number: XXX-XX-_____

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PHYSICIAN STATEMENT

This certification must be completed by the treating medical doctor, osteopath, chiropractor or podiatrist.

I hereby certify that the above named individual is under my professional care and is unable to fulfil the employment practice requirement to Practice as an LPN.

Nature of Disability: _____

Dates of Disability: Beginning Date: _____ Ending Date: _____

Physician Name (Printed/Typed): _____

PHYSICIAN SIGNATURE **LICENSE NUMBER** **DATE**

ADDRESS: Street City State Zip

*THIS FORM MUST BE RETURNED TO THE WV LPN BOARD BY THE VERIFYING PHYSICIAN WITH A COPY OF A CURRENT HISTORY AND PHYSICAL.