

# WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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## STATEMENT OF NON-RESIDENT PRACTICE OF SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY VIA TELEPRACTICE DURING THE COVID-19 STATE OF EMERGENCY

Section 30-32-2(6)(A)(B)(C) West Virginia State Code, authorizes an individual who is not a resident but holds a license to practice in their home state, to provide services in West Virginia for a maximum of 5 days in a calendar year. West Virginia Governor Jim Justice suspended the five day maximum to include the duration of the Covid-19 State of Emergency. The suspension is authorized by Executive Order No. 26-20. Such providers must meet the following requirements:

- 1) The practitioner is not a resident of West Virginia
  - 2) Registering with the WVBESLPA prior to providing telepractice services in West Virginia. Complete this form and email to [wvbeslpa@wv.gov](mailto:wvbeslpa@wv.gov)
  - 3) The practice is for the duration of the Covid-19 State of Emergency only.
  - 4) Agree to abide by the West Virginia Code §30-32 and West Virginia Code Rules §29-1, §29-2, §29-3, §29-4, §29-5.
- All documents can be found on our website @ [www.wvspeechandaudiology.com](http://www.wvspeechandaudiology.com)

<b>Name and Address</b>	<b>PLEASE PRINT</b>	
Name _____	SS# _____	State of Residence _____
Address: _____		
Telephone Number: _____	City _____	State _____ Zip _____
E-Mail Address: _____		
<b>Licensure/CCC Status:</b>		
State of licensure: _____	License # _____	Expiration Date: _____
Do you hold a Certificate of Clinical Competence issued by ASHA? _____		
ASHA Certification # _____		

<b>Practice in West Virginia</b>	
Profession you intend to practice via telepractice in West Virginia: _____	
Number of Existing Patients/Clients in West Virginia _____	
Timeframe you intend to practice in West Virginia _____	Beginning Date _____
<i>I certify that the above information is true and accurate. I acknowledge that during my professional services in West Virginia that I am subject to West Virginia laws and rules of Title 29 and Chapter 30-32 of the West Virginia State Code.</i>	
_____ Signature of Practitioner	_____ Date

