

WEST VIRGINIA CODE: §17A-2-27

§17A-2-27. Form for inclusion in enrollment list with a communication disability.

(a) As used in this section:

- (1) "Communication disability" means a human condition involving an impairment in the human's ability to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems that may result in a primary disability or may be secondary to other disabilities.
- (2) "Disability that can impair communication" means a human condition with symptoms that can impair the human's ability to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems.
- (3) "Legal guardian" has the same meaning as in §49-1-205 of this code.
- (4) "Health care provider" means a person as defined in §16-30-3 of this code.
- (5) "Psychiatrist" means a licensed physician who has satisfactorily completed a residency training program in psychiatry, as approved by the residency review committee of the American Medical Association, the committee on post-graduate education of the American Osteopathic Association, or the American Osteopathic Board of Neurology and Psychiatry.
- (6) "Psychologist" means a person licensed under the provisions of §30-21-1 *et seq.* of this code.

(b) The form shall include the following information:

- (1) The name of the person diagnosed with a communication disability or a disability that can impair communication;
- (2) The name of the person completing the form on behalf of the person diagnosed with a communication disability or a disability that can impair communication, if applicable;
- (3) The relationship between the person completing the form and the person diagnosed with a communication disability or a disability that can impair communication, if applicable;
- (4) The driver's license number or state identification card number issued to the person diagnosed with a communication disability or a disability that can impair communication, if that person has such a number;
- (5) The license plate number of each vehicle owned, operated, or regularly occupied by the person diagnosed with a communication disability or a disability that can impair communication, or enrolled in that person's name;

- (6) A physician's, psychiatrist's, or psychologist's signed certification that the person has been diagnosed with a communication disability or a disability that can impair communication;
- (7) The name, business address, business telephone number, and medical license number of the physician, psychiatrist, or psychologist making the certification;
- (8) The signature of the person diagnosed with a communication disability or a disability that can impair communication, or the signature of the person completing the form on behalf of such a person, that may indicate the desire to be removed from the database; and
- (9) *Option to explain* - A place where the person or persons may include a short explanation of the type of disability, possible symptoms, and measures which could alleviate or lessen the symptoms.
- (c) Any of the following persons may complete the verification form:
- (1) Any person diagnosed with a communication disability or a disability that can impair communication who is 18 years of age or older;
- (2) The parent or parents of a minor child diagnosed with a communication disability or a disability that can impair communication;
- (3) The guardian of a person diagnosed with a communication disability or a disability that can impair communication, regardless of the age of the person.
- (d) The Division of Motor Vehicles shall make the verification form electronically available on each of their respective websites.