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;

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(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.

WV Legislature