

Complete and return to:
WV Board of Pharmacy
 232 Capitol St.
 Charleston, WV 25301
www.wvbop.com

West Virginia Board of Pharmacy Application for Collaborative Pharmacy Practice (CP)

NAME AND ADDRESS MUST BE TYPEWRITTEN

I, _____ Social Security _____
First Middle Last Name

Mailing Address _____
Street City State County Zip

_____ Place of Birth Birth Date Present Age Sex Race

For Office Use Only

Clarify or Obtain _____
 Appears in Order _____

Requirements for CP Applicants

§30-5-26. Pharmacist requirements to participate in a collaborative pharmacy practice agreement.

For a pharmacist to participate in a collaborative pharmacy practice agreement, the pharmacist must:

- (a) Have an unrestricted and current license to practice as a pharmacist in West Virginia;
- (b) Have at least one million dollars of professional liability insurance coverage;
- (c) Meet one of the following qualifications, at a minimum:
 - (1) Earned a Certification from the Board of Pharmaceutical Specialties, is a Certified Geriatric Practitioner, or has completed an American Society of Health System Pharmacists (ASHP) accredited residency program, which includes two years of clinical experience approved by the Boards;
 - (2) Successfully completed the course of study and holds and academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Board and has completed an Accreditation Council for Pharmacy Education (ACPE) approved certificate program in the area of practice covered by the collaborative pharmacy practice agreement; or
 - (3) Successfully completed the course of study and holds the academic degree Bachelor of Science in Pharmacy and has five years clinical experience approved by the Boards and has completed two ACPE approved certificate programs with at least one program in the area of practice covered by the collaborative pharmacy practice agreement.

Academic Degree

<i>BS in Pharmacy</i>	<i>Doctorate in Pharmacy</i>
<small>University Attended</small>	<small>University Attended</small>
<small>Date Degree Awarded</small>	<small>Date Degree Awarded</small>

Pharmacist Licensure

<small>West Virginia License Number</small>	<small>Year Original License Issued</small>
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BPS or Geriatric Certification

<small>Specialty Certification</small>	<small>Date Completed</small>	<small>Certificate Number</small>
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ASHP Residency

<small>Location</small>	<small>Date Started</small>	<small>Date Completed</small>
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Certificate Programs

The Certificate Program completed must be an (ACPE) approved certificate program in the area of practice covered by the CP agreement. Two Certificate Programs are required for BS degree recipients, and one is required for PharmD recipients.

<small>Certificate Completed (see page 2)</small>	<small>Identifier</small>	<small>Date Completed</small>
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Experience

Five years of clinical experience is required for BS degree recipients and 3 years is required for PharmD recipients. Different locations should be listed separately below.

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_____ *Position Held* _____ *Date Started* _____ *Date Completed*

Describe Clinical Experience _____

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Approved by:

_____ **President of the West Virginia Board of Pharmacy**

_____ **Date**

_____ **Executive Director of the West Virginia Board of Pharmacy**

_____ **Date**