

West Virginia Board of Pharmacy

232 Capitol Street Charleston WV 25301

Ph. 304 558-0558

Fax: 304 558-0572

APPLICATION FOR PERMIT OR RENEWAL TO HANDLE CONTROLLED SUBSTANCES July 1, 2011 to June 30, 2012

All numbered lines must be completed or application will be returned.

Authority: Uniform CS Act 60A-3-301 & WV Legislative Rules 15-1-23 & 15-1-25

If this is a renewal last year's license number _____ Today's date _____

1. Name of facility, company or researcher to be permitted: _____

2. Physical address _____ Mailing address _____

3. City _____ WV Zip _____ County _____

4. Type of facility _____ State license Nr.(if any) _____ Phone _____

5. Consultant Pharmacist _____ License Nr. _____

6. Will your controlled substances be ordered on a DEA Form 222? Yes _____ No _____

7. _____
Name of person with controlled substance power of attorney if different from applicant. Skip this if #6 is No.

8. Will you have drugs on individual patient prescriptions? Yes _____ No _____

9. Will an emergency box of drugs be kept for administration by healthcare professionals? Yes _____ No _____

10. If #8 and/or #9 are yes show name of usual pharmacy _____ Lic. _____

11. Street address _____ City _____ State _____

12. Circle applicable drug schedules: **C-I** **C-II** **C-III** **C-IV** **C-V** Narcotic

13. Circle applicable drug schedules: **C-I** **C-II** **C-III** **C-IV** **C-V** Non-narcotic

(Schedule I for researchers and police officers only)

Fees:

14.

25.3.2 Hospital or Medical Clinic (without pharmacy)-----\$50.00

25.3.3 Extended Care Facility or Nursing Home-----\$25.00

25.3.4 Non-government training institution-----\$25.00

25.3.5 Non- government researcher-----\$25.00

25.3.7 Jails or correctional facilities-----\$25.00

25.3.8 rescue or emergency squads-----\$25.00

25.3.9 Non-government human societies-----\$25.00

25.3.10 All government agencies or employees are exempt from fees.

15. Attach check or money order to application. Total Fees _____

16. Signature of applicant , managing partner, or officer. Title Date

17. _____
Signature of consultant pharmacist Date