

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East

Charleston, W 25311

APPLICATION FOR LICENSE PERMIT OR RENEWAL TO OPERATE A MAIL ORDER PHARMACY

July 1, 2017 to June 30, 2018

Every mail-order pharmacy which dispenses drugs or medicines through the United States mail or otherwise to any point within the State of West Virginia shall, as a condition precedent to being qualified and authorized to transact such business in the State of West Virginia, annually register with the Board of Pharmacy to conduct such business in the State as provided for in West Virginia, Code 30-5-24.

Current name and address: _____ Old name, address, and license #: _____ Check here if name or address change

(Address change requires new application & fee)

Check here if ownership change

(Ownership change requires new application & fee)

Home State License #: _____ Check One: New Application Renewal

WEST VIRGINIA LICENSE #: _____ West Virginia Controlled Substance License #: **MI** _____

PHONE #: _____ FAX#: _____ DEA#: _____

List other state(s) of licensure: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

Doing Business As: Individual _____ Partnership _____ Corporation _____

Attach a list of current owner, partners, or corporate officers and title.

Name of Pharmacy Manager _____

Pharmacist in Charge _____ West Virginia License # _____

{Per West Virginia Code 30-5-7(a)(13), the PIC of any out of state mail order pharmacy providing pharmacist care to patients in West Virginia shall be licensed in West Virginia.}

Other Registered Pharmacists employed (including license # and state of licensure. Attach additional pages as necessary.)

Name: _____ License#: _____ State: _____

Have there been any violations of pharmacy or controlled substance laws pertaining to any employee including original convictions or administrative discipline? _____ If yes, detail by attachment.

Per West Virginia Code 60A-3-302, any person or entity which distributes or dispenses any controlled substance within this state must obtain a controlled substance handling permit, which requires an additional fee of \$50.00.

Check here if handling Controlled Substances. Circle applicable drug schedules: C-I C-II C-III C-IV C-V

Do you perform sterile compounding? _____ Yes _____ No

If yes, please provide your state license/registration which permits this activity.

Do you operate as a Nuclear Pharmacy? _____ Yes _____ No

If yes, please provide your state license/registration which permits this activity; provide documentation of the PIC's qualifications to act as a nuclear pharmacy; and provide required approvals/registrations for handling nuclear materials by the appropriate Federal agency.

Name of person authorized to sign for controlled substances _____

The undersigned hereby swears, or affirms, that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon, relative to the practice of pharmacy, will be faithfully observed during the period any permit issued may be in force and effect.

Every initial application for a permit shall be accompanied by the required fee of **\$500.00**. The renewal of such permit or license shall be **\$500.00 ANNUALLY**. **You must attach copies of your State License and most current inspection report as well as copies of your federal and state controlled substance registration, if shipping controlled substances.** If handling Controlled Substances, an additional fee for the Controlled Substance Handling Permit of **\$50.00** is required, for a total fee of **\$550.00**.

Signature (Owner, Partner, Corporate Officer) _____ Signature(Pharmacist-In-Charge) _____