

Per Rule §15-1-14.4.2 renewal applications must be **RECEIVED** in our office by June 15th in order to allow time to process by June 30<sup>th</sup>

**West Virginia Board of Pharmacy**

**2310 Kanawha Blvd. East**

**Charleston, WV 25311**

**APPLICATION FOR PHARMACY PERMIT RENEWAL**

**July 1, 2018 to June 30, 2019**

Current name of business to be licensed by this permit:

\_\_\_\_Name/Address Change

Pharmacy E-mail: \_\_\_\_\_

Has there been a change of Pharmacist in charge at this facility?

Yes\_\_\_No\_\_\_

Has there been a change to the Controlled Substance Drug Schedules carried at this facility?

Yes\_\_\_No\_\_\_

License# \_\_\_\_\_ County \_\_\_\_\_ DEA# \_\_\_\_\_ Phone# \_\_\_\_\_

1. Pharmacist In Charge \_\_\_\_\_ RPh# \_\_\_\_\_

a. Has your Pharmacist License ever been denied, suspended, or revoked in this or any other state? Yes\_\_\_No\_\_\_

b. Have you ever been convicted of a felony? Yes\_\_\_No\_\_\_

c. Have you ever been convicted of a misdemeanor other than a traffic violation? Yes\_\_\_No\_\_\_

d. Do you ever work part-time in any other pharmacy? Yes\_\_\_No\_\_\_

If any answer in #1 is yes, attach a detailed explanation.

2. Renewal Fees. Circle all applicable a. through e.:

a. Pharmacy- Inpatient \$100.00

b. Pharmacy- Outpatient \$100.00

c. Controlled Substance Permit \$10.00

d. Sterile Pharmaceutical Compounding Permit \$100.00

e. Nuclear Pharmacy \$100.00

Attach Check or Money Order to Application

Total Fees: \_\_\_\_\_

Name of Enteral/Parenteral Pharmacist Manager \_\_\_\_\_ RPh# \_\_\_\_\_

3. Circle Applicable Drug Schedule II III IV V Narcotic  
II III IV V Non-Narcotic

4. Circle Type of Ownership Single Proprietor Partnership Corporation

5. Names of Principles and Titles: (Owner, Partners, Three Corporate Officers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has the applicant or any officer or partner of the applicant ever been convicted of a Felony? \_\_\_\_\_

7. The undersigned hereby swear, or affirm, that all statements made herein are true and correct, and that all provisions of the law and regulations relative to the practice of pharmacy, will be faithfully observed so long as any permit issue will be in force.

8. \_\_\_\_\_  
Signature of Applicant, Managing Partner or Office Title Date

9. \_\_\_\_\_  
Signature of Applicant, Managing Partner or Office Title Date