

West Virginia Board of Pharmacy
2310 Kanawha Blvd. East
Charleston, WV 25311
EMERGENCY MEDICAL SERVICE AGENCY
APPLICATION FOR PERMIT OR RENEWAL TO HANDLE CONTROLLED SUBSTANCES
July 1, 2018 to June 30, 2019

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

Name, Street Address, & Mailing Address of Facility Needing Permit: (Please Type)

License #: _____ **DEA #:** _____ **Phone #:** _____ **County:** _____

Name of owner of this facility applying for permit:

1. Name of State medical practitioner license #, and DEA # of the Agency Medical Director:

2. Name of person(s) with controlled substance power of attorney if different from applicant.

3. Will you have drugs supplied from a central agency location? Yes _____ No _____

If yes, where? _____

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

5. **Circle applicable drug schedules: C-II C-III C-IV C-V**

6. Who is/are your regular distributor(s)?

7. **Circle applicable fee:**

Rescue or Emergency Squads (Attach check or money order to application) **\$25.00**

All Government Agencies or Employees are exempt from fees. **\$ 0.00**

8. _____

Signature of Applicant: Agency Official

Title

Date

9. _____

Signature of Agency Medical Director

Date