

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East

Charleston, WV 25311

Phone: 304-558-0558 Fax: 304-558-0572

Charitable Clinic Pharmacy Permit/Renewal Application

July 1, 2018 to June 30, 2019

Date: _____

1. Name of Clinic: _____
2. Street Address: _____
3. Mailing Address: _____
4. City: _____ State: WV Zip: _____ County: _____
5. Name of Administrator: _____ Title: _____
6. Name of Pharmacist-In-Charge: _____ Lic. #: _____
If PIC Committee: Names/Lic. #'s of other PIC's: _____
7. Pharmacy Phone: _____ Fax: _____ PIC Home Phone: _____

I certify that the above information is correct and that I am aware of my duties and responsibilities as a pharmacist-in-charge according to WV Legislative Rule 15-13-6.

Pharmacist-In-Charge Signature

Signature of Administrator

(No Registration fee is required—15-13-3.1)