

Per Rule §15-1-14.4.2 applications must be **RECEIVED** in our office by June 15th in order to allow time to process by June 30th
All renewal applications **RECEIVED** in our office after June 30th will be required to pay a late fee

WEST VIRGINIA BOARD OF PHARMACY
2310 Kanawha Blvd. East
Charleston, West Virginia 25311
APPLICATION FOR LICENSE RENEWAL AS A CONSULTANT PHARMACIST
July 1, 2018 to June 30, 2019

Name/Address: _____

Current Name/Address (if different): _____

Previous Name if Applicable: _____ Phone #: _____

License #: _____ License Exp Date _____

NOTE: This form must be completed for each institution or facility in which consultation or coordination is performed. Make as many copies as necessary. Fee is \$20.00 for each facility made payable by check or money order only. All renewal applications received in the Board Office after June 30 requires payment of a late fee of \$20.00 in addition to your regular renewal fee, to total \$40.00. If you fail to submit your application for renewal by August 31, your authorization will be considered lapsed.

Complete the following information on the institution or facility on behalf of which consultation or coordination is performed.

DBA Name: _____ License #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

License issued to institution or facility by Board of Health, Nursing Home Board, or other Agency: License # _____ State: _____

Skilled Nursing Facility _____ Home for the Aged _____ Hospital _____ Rest Home _____

Intermediate Care Facility _____ Nursing Home _____ Clinic _____ Government Agency _____

How are drugs stored on premises? Specify _____

How are drugs supplied and/or dispensed to patients in the facility or institution? By local pharmacy, where pharmacist is the consultant? Yes _____ No _____

Other (Explain) _____

Does the facility or institution have a Policies and Procedures Manual or drug distribution and pharmacy services? Yes _____ No _____

Does the facility have a policy on disposition of drugs for discharged or deceased patients? Yes _____ No _____

Does this facility have controlled substances on hand? Yes _____ No _____

If Yes, does this facility have a controlled substance permit issued by the Board of Pharmacy? Yes _____ No _____

Does consultant maintain or have access to medical charts and/or patient profiles? Yes _____ No _____

Does consultant obtain three hours of continuing education in the subject of consulting practice this year? Yes _____ No _____

Average contact hours with the facility or institution per week _____

Signature of Pharmacist Consultant

Signature of Facility Administrator or Authorized Agent