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, 2019 to June 30, 2020

Name/Address: 

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