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 30th

Ph 304 558-05 (Lim	LICENSE RENEWA	r St. 4th Floor Cha <b>L FOR IMMUNIZ</b>	arleston, WV 25301 Fax 304 55	8-0572	
Date Pervious Permit Expires_					
Check here if name or address	s change				
Date		WV Pharmacist License #			
1. Name of Pharmacist			Lic. Exp Date		
2. Mailing address		Physical address			
3. City	State	Zip	County		
4. Name of pharmacy in which	n you usually practice				
5. Pharmacy phone	Fax		Home Phone		
hours/year, 4 total) (15-12-3.1 immunization training program	I.d). Please visit our website ms and WVBOP approved CPI newal with Immunization rer ication.	at wvbop.com for R training program newal, please attac	3.1.c), and proof of CPE on immun any questions regarding WVBOP a s. h all documents required for Immu Date Completed	pproved	
	ve information is true and co	rrect to the best of			

be an immunizing pharmacist pursuant to the laws of the State of West Virginia, and that I am aware of my duties and responsibilities according to West Virginia Code Section 30-5-30, and West Virginia Legislative Rule Sections 15-12-1. Et seq.

**Pharmacist Signature** 

If your Pharmacists License expires in 2024, then you will receive a "1 year" Immunization Permit which will come up for renewal with your Pharmacist License. If your Pharmacists License expires in 2025, then you will receive a "2 year" Immunization Permit which will come up for renewal with your Pharmacist License. Renewal fee is \$20.00. All payments must be made by check or money order. Checks and money orders are to be made payable to The West Virginia Board of Pharmacy.