

West Virginia Board of Pharmacy

Ph 304 558-0558

1207 Quarrier St. 4th Floor Charleston, WV 25301 Fax 304 558-0572

LICENSE RENEWAL FOR IMMUNIZATION PERMIT

(Limited to immunizations permitted by Rule §15-12-2.2, 18 YOA and Over)

Date Previous Permit Expires _____

Check here if name or address 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 you usually practice _____

5. Pharmacy phone _____ Fax _____ Home Phone _____

6. Send proof of current CPR training (copy of CPR card front & back) (15-12-3.1.c), and proof of CPE on immunizations (2 hours/year, 4 total) (15-12-3.1.d). Please visit our website at wvbop.com for any questions regarding WVBOP approved immunization training programs and WVBOP approved CPR training programs.

If you are submitting a RPh renewal with Immunization renewal, please attach all documents required for Immunization renewal directly to Immunization Application.
based continuing education below or attach proof of completion.

CE Name	Date Completed	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and correct to the best of my knowledge, that I am eligible for certification to 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