

West Virginia Board of Pharmacy

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Charleston, West Virginia 25301

Combined Technician List & Confidentiality Statement

	E-Mail Address	Date
	Phone	Fax
	DEA License #	WVBOP #
	P.I.C.	License #
	Hours	

Pharmacists

License

Expires

Pharmacists/Interns

License

Expires

Pharmacy Technicians

License

Expires

Pharmacy Technicians

License

Expires

Pharmacy Technician Trainees

**Certificate
Number**

**Issued Date/
Exp. Date**

Pharmacy Technician Trainees

**Certificate
Number**

Issued Date/ Exp. Date

This form satisfies the requirement of WV Board of Pharmacy Rules 15-1-16.2.10. Additionally, by signing this form, the P.I.C. certifies that policy & procedures for maintaining the integrity and confidentiality of prescription information and patient health care information have been implemented and all the above listed employees have read and comply with the established policies and procedures. This meets the requirement of WV Board of Pharmacy Rules 15-1-16.3.1. **An up-to-date copy of this form is to be posted in a conspicuous place at all times with a copy sent to the WV Board of Pharmacy.**

Pharmacist-in-Charge

Date