# West Virginia Board of Pharmacy

**Phone (304) 558-0558** **2310 Kanawha Boulevard East** **Fax (304) 558-0572**

**Charleston, West Virginia 25311**

## Combined Technician List & Confidentiality Statement

| Name & address of Pharmacy | E-Mail Address | Date |
|---|---|---|
| | Phone | Fax |
| | DEA License # | WVBOP # |
| | P.I.C. | License # |
| | Hours | |

| Pharmacists | License | Expires | Pharmacists | 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 15-1-20.3.3.1.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 15-1-20.3.2.10. A copy of this form is to be posted in a conspicuous place in the pharmacy and an additional copy sent to the WV Board of Pharmacy office.

P.I.C. Date