West Virginia Board of Pharmacy

2310 Kanawha Blvd. East, Charleston, WV 25311 Phone: 304 558 0558 Fax: 304 558 0572

NEW PHARMACY PERMIT APPLICATION

(Out of State/Non-Resident Pharmacy Applicants use Mail Order Application)

Submit floor plan to scale with this form. (Must show counseling area, Rx in & Rx out including cash register)

Additional $250.00 fee applies if inspection is requested with less than 7 days notice.

Additional $250.00 fee applies if re-inspection is required.

All numbered lines must be completed or application will be returned for completion.

1. Name of Pharmacy to be permitted_____Date_____
2. Physical address_____ Mailing address _____
   City_____State_____Zip_____County_____
3. Pharmacy e-mail address_____
4. Pharmacist-in-charge_____RP_____
5. Pharmacist-in-charge work phone prior to opening_____Home Phone_____
6. Has your pharmacist license ever been denied, suspended, or revoked in this or any state? Yes___No___
7. Have you ever been convicted of a felony? Yes___No___
8. Have you ever been convicted of a misdemeanor other than a traffic violation? Yes___No___
9. If any answer on 6 thru 8 is yes attach a detailed explanation.
10. Type of ownership? (check one) Single Proprietor___ Partnership___ Corporation___
11. Is this pharmacy owned as a ____sole/single-site pharmacy or as part of a ____multi-site pharmacy group or chain?
12. Names of principals and their titles: (owner, partners, three corporate officers)
    _____
    _____
    _____
13. Has the applicant or any officer or partner ever been convicted of a felony?
14. Circle applicable fees:
    a. Pharmacy in-patient $150.00
    b. Pharmacy out-patient $150.00
    c. Controlled Substance Permit $10.00
    d. Sterile Compounding Permit $150.00
    e. Nuclear Pharmacy Permit $150.00 (Note d. & e. also require a. or b.)
15. Attach check or money order to application Total Fees_____
16. Circle applicable Controlled Drug Schedules applied for II III IV V
17. Name & work address of person(s) with Controlled Substance Power of Attorney:
    _____
    _____
18. The undersigned herby swear or, affirm, that all statements made herein are true and correct, and that all provisions of the law and regulations relative to the practice of pharmacy, will be faithfully observed so long as any permit issued.
19. _____
    Signature of applicant, managing partner, or officer Date
20. _____
    Signature of pharmacist-in-charge Date