

# West Virginia Board of Pharmacy

2310 Kanawha Blvd. East, Charleston, WV 25311

Phone: 304 558 0558

Fax: 304 558 0572

## RESIDENT PHARMACY REMODEL PERMIT APPLICATION

(This is treated as a New Pharmacy Permit Application subject to inspection)

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.

Date: \_\_\_\_\_

1. Name of Pharmacy \_\_\_\_\_ License # \_\_\_\_\_

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. 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.)

7. Attach check or money order to application Total Fees \_\_\_\_\_

8. Circle applicable Controlled Drug Schedules applied for II III IV V

9. Name & work address of person(s) with Controlled Substance Power of Attorney:

\_\_\_\_\_

\_\_\_\_\_

10. The undersigned hereby 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.

11. \_\_\_\_\_

Signature of applicant, managing partner, or officer

Date

12. \_\_\_\_\_

Signature of pharmacist-in-charge

Date