

West Virginia Board of Pharmacy
2310 Kanawha Blvd. East, Charleston, WV 25311

(304) 558-0558 Fax (304) 558-0572

APPLICATION FOR INITIAL LICENSE AS A REGISTERED INTERN

Registered Fee: \$15.00 (check or money order ONLY)

Date: _____ Sex: M _____ F _____ Birthday: ____/____/____ Place of Birth _____

Social Security No. _____ - _____ - _____ Phone Number: _____ Email: _____

Name: _____
Last First Middle

Street or Box _____ City _____ State _____ Zip Code: _____

(Must provide a mailing address located in the United States or submit a pre-addressed, postage paid envelope for mailing to an international address)

Type of Intern Application:

____ Currently enrolled in a pharmacy college

____ Graduate of an approved college of pharmacy, or graduate of a foreign pharmacy who has obtained Foreign Pharmacy Graduate Examination Committee certificate, for purposes of getting required intern hours

____ Qualified graduate who is awaiting examination for licensure

____ Individual participating in a residency or fellowship program

Applications must be completed and notarized; a 3x4 inch head and shoulders photograph must be attached.

*IF you are NOT a U.S. Citizen submit verification allowing you to live/study/work in the U.S.A.

**IF you are a foreign pharmacy graduate you may submit proof from your country's Board of Pharmacy certifying up to 500 hours.

***IF you are a foreign pharmacy graduate submit proof from NABP of your successful completion of FPGE.

1.) Have you been disciplined for any violation of any laws governing or related to the practice of pharmacist care? _____Yes _____No

If yes, attach an explanation.

2.) Are you addicted to drugs or alcohol? _____Yes _____No

If yes, are you in active recovery? _____Yes _____No

If yes, please provide proof of your active recovery; or if no, an explanation of your present addiction.

3.) Have you ever been convicted of, pled guilty to, or entered a nolo contendere/no contest plea to any misdemeanor or felony offense? (Note: this includes a DUI, Reckless Driving, and other jailable traffic offenses. This does not include minor violations of traffic laws which are not punishable by jail or incarceration, or arrests or convictions that have been expunged by a court.) _____Yes _____No

If yes, when was that conviction entered? Month/Date/Year ____/____/____

If yes to the above question, you must attach a detailed statement, including description of action taken.

I, _____, understand that the West Virginia Pharmacy Intern license is issued to me for the purpose of obtaining the practical experience required for licensure as a pharmacist and I may only practice pharmacy under the personal supervision of a registered pharmacist in a pharmacy with a current permit or with special approval of the Board. I further agree to comply with all federal and state laws, and regulations controlling the distribution of drugs. I hereby certify the above statements are true and correct.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public, in and for the County of: _____ SEAL:

To be completed by School of Pharmacy:

I hereby certify that _____, is currently [enrolled in / graduated from]
(Please circle one)
_____ School of Pharmacy.

Authorized signature of person certifying enrollment in accredited School of Pharmacy

Date

Subscribed and sworn to before me this _____ day of _____

Notary Public, in and for the County of: _____ SEAL:

REQUIRED FOR APPLICATIONS RECEIVED AFTER JUNE 30, 2017

Per Rule §§ 15-1-4 Applicants must request a state and national electronic fingerprint-based criminal history record check through the West Virginia State Police process with the results being released to the Board. Please visit the L1 (WVSP's agent) website at www.identogo.com or contact L1 at 1-855-766-7746 to complete the background check. You are responsible for any fees and costs. Background checks must be completed prior to applying for licensure through the West Virginia Board of Pharmacy. If West Virginia is your home state, a 12 digit TCN number will be assigned to the applicant at completion of fingerprinting appointment. This 12 digit TCN number must be provided below to the West Virginia Board of Pharmacy as proof of completion. Background check results are valid for 12 months.

APPLICANTS 12 Digit TCN number (REQUIRED) _____

NONRESIDENT APPLICANTS: Have you completed a state/federal fingerprint based background check in your home state with the results being released directly to the West Virginia Board of Pharmacy? (REQUIRED) ___Yes___No State:_____Date:_____

For West Virginia Board of Pharmacy Use Only:

Background Check	___Yes; ___No
Date Completed	_____
No History,	___ Passed
Prior History,	___ To Be Reviewed
Per Review,	___Accept; ___Reject

Identogo Instructions: www.Identogo.com

1. Select West Virginia from the Services by State drop down box
2. Select State Fingerprinting
3. Select Make a New Appointment
4. Select WV Board of Pharmacy from the dropdown box and continue
5. Select Continue on the Services page
6. Input required * personal information and Continue
7. Select an Appointment Location then Date/Time
8. Review your details and Submit
9. Payment can be made online upon applying or at the site
10. At your Fingerprinting Appointment you will be assigned a TCN#. Please make note of this #. It will be REQUIRED on your West Virginia Board of Pharmacy application as proof of background check completion.

If you have any questions regarding the West Virginia Board of Pharmacy application please contact the Board office at 304-558-0558. For any questions regarding the Identogo Background Check process, application, fees or payments please contact L1 at 1-855-766-7746.