

WEST VIRGINIA BOARD OF PHARMACY

2310 Kanawha Blvd. East

Charleston, WV 25311

Change of Name/Address Form (Individual Licensee)

The West Virginia Board of Pharmacy must be notified of any name/address change within 30 days

WV License #: _____ Date of Change: _____

Preferred Name/Mailing Address

(The preferred mailing address is the licensee's address of record, which is public information)
(Note that telephone numbers are not considered public information)

New Name/Address:

Old Name/Address:

Name:

Name:

Physical Address:

Physical Address:

Telephone # (Home): _____

Telephone # (Work): _____

Mailing Address (if different):

Signature: _____

Date: _____

(Original Signature of Licensee is Required)

If requesting a reprint of license reflecting name change, please initial here and include the \$10 reprint fee. _____

**Proof of name change must be attached.
(Marriage/Divorce Certificate, etc.)**