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.)