Complete and return to:
WV Board of Pharmacy
2310 Kanawha Blvd. E.
Charleston, WV 25311
www.wvbop.com

West Virginia Board of Pharmacy

Application for Collaborative Pharmacy Practice (CP)

For Office Use Only
Clarify or Obtain | Appears in Order

_____Social Security_____
First Middle Last Name

Mailing Address_____
Street City State County Zip

_____
Place of Birth Birth Date Present Age Sex Race

Requirements for CP Applicants

§30-5-18 & Rule§11-8-3 . Pharmacist requirements to participate in a collaborative pharmacy practice agreement.
For a pharmacist to participate in a collaborative pharmacy practice agreement, the pharmacist must:

(a) Have an unrestricted and current license to practice as a pharmacist in West Virginia;
(b) Have at least one million dollars of professional liability insurance coverage;
(c) Meet one of the following qualifications, at a minimum:
(1) Earned a Certification from the Board of Pharmaceutical Specialties, is a Certified Geriatric Practitioner, or has completed an American Society of Health System Pharmacists (ASHP) accredited residency program, which includes two years of clinical experience approved by the Boards;
(2) Successfully completed the course of study and holds and academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Board and has completed an Accreditation Council for Pharmacy Education (ACPE) approved certificate program in the area of practice covered by the collaborative pharmacy practice agreement; or
(3) Successfully completed the course of study and holds the academic degree Bachelor of Science in Pharmacy and has five years clinical experience approved by the Boards and has completed two ACPE approved certificate programs with at least one program in the area of practice covered by the collaborative pharmacy practice agreement.

Academic Degree

_____ _____
BS in Pharmacy Doctorate in Pharmacy

_____ _____
University Attended Date Degree Awarded University Attended Date Degree Awarded

Pharmacist Licensure

_____ _____
West Virginia License Number Year Original License Issued

BPS or Geriatric Certification

_____ _____ _____
Specialty Certification Date Completed Certificate Number

ASHP Residency

_____ _____ _____
Location Date Started Date Completed

Certificate Programs

The Certificate Program completed must be an (ACPE) approved certificate program in the area of practice covered by the CP agreement. Two Certificate Programs are required for BS degree recipients, and one is required for PharmD recipients.

_____ _____ _____
Certificate Completed (see page 2) Identifier Date Completed

_____ _____ _____
Certificate Completed (see page 2) Identifier Date Completed

Complete and return to:
WV Board of Pharmacy
2310 Kanawha Blvd. E.
Charleston, WV 25311
www.wvbop.com

For Office Use Only

Clarify or Obtain | Appears in Order

Experience

Five years of clinical experience is required for BS degree recipients and 3 years is required for PharmD recipients. Different locations should be listed separately below.

Position Held _____ Date Started _____ Date Completed _____
Describe Clinical Experience _____

Position Held _____ Date Started _____ Date Completed _____
Describe Clinical Experience _____

Position Held _____ Date Started _____ Date Completed _____
Describe Clinical Experience _____

Position Held _____ Date Started _____ Date Completed _____
Describe Clinical Experience _____

Position Held _____ Date Started _____ Date Completed _____
Describe Clinical Experience _____

Position Held _____ Date Started _____ Date Completed _____

Applicant Signature _____ **Date** _____

Approved by:

Executive Director of the West Virginia Board of Pharmacy _____ **Date** _____

Approved _____ Denied _____

Application requires fee of $50.00 (per Rule §11-8-3.5) made payable to

West Virginia Board of Pharmacy by check or money order only.