

Complete and return to:  
**WV Board of Pharmacy**  
1207 Quarrier St. 4th Floor  
Charleston, WV 25301  
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
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**BPS or Geriatric Certification**

Specialty Certification	Date Completed	Certificate Number
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**ASHP Residency**

Location	Date Started	Date Completed
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**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

**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		

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Describe Clinical Experience		

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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
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Approved by:

Executive Director of the West Virginia Board of Pharmacy	Date
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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.

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Approved	Denied
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