

Mail Payment To:

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

BOARD USE ONLY

Check #: _____

Amount: \$ _____

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Everett Frazier *
Chuck Jones*
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(*Public Member)*



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Executive Director
& CSMP Administrator*

*John Smolder,
CFO/COO*

*Ryan Hatfield,
General Counsel*

*Office Address
2310 Kanawha Blvd, East
Charleston, WV 25311*

www.wvbop.com

*Phone
(304) 558-0558
(304) 558-0572 (fax)*

RECIPROcity INVOICE

PAYMENT OF \$255.00 DUE UPON RECEIPT OF THIS INVOICE

(Applications will not be processed and ATTs will not be issued until payment has been received)

Please Complete This Form and Return with Payment in The Form of Check or Money Order Payable To "West Virginia Board of Pharmacy"

(Please note: We do not accept cash)

(Please Print)

Applicant Name: _____
First M.I. Last

Address: _____

Date of Birth: ____ / ____ / _____

Social Security # (Last 4 digits): _____

E Profile #: _____