

Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30th
If a completed application for renewal is not received in the Board office on or before June 30 of the year in which it expired, the license is expired.
Renewal applications received after June shall require the payment of a late fee in the amount of \$75.00 in addition to the renewal fee.
Renewal applications not received by the first day of August each year shall require the payment of a late fee in the amount of \$75.00 in addition to the renewal fee and reinspection fee of \$150.00.

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

APPLICATION FOR PHARMACY PERMIT RENEWAL

July 1, 2025 to June 30, 2027

Current name of business to be licensed by this permit:

____Name/Address Change

Pharmacy E-mail: _____

Has there been a change of Pharmacist in charge at this facility?

Yes____No____

Has there been a change to the Controlled Substance Drug Schedules carried at this facility?

Yes____No____

License# _____ County _____ DEA# _____ Phone# _____

1. Pharmacist In Charge _____ RPh# _____

a. Has your Pharmacist License ever been denied, suspended, or revoked in this or any other state? Yes____No____

b. Have you ever been convicted of a felony? Yes____No____

c. Have you ever been convicted of a misdemeanor other than a traffic violation? Yes____No____

d. Do you ever work part-time in any other pharmacy? Yes____No____

If any answer in #1 is yes, attach a detailed explanation.

2. Renewal Fees. Circle all applicable a. through e.:

Annual Fees: (Biennial Renewal-Listed fee should be doubled)

a. Pharmacy- Inpatient \$100.00

b. Pharmacy- Outpatient \$100.00

c. Controlled Substance Permit \$10.00

d. Sterile Pharmaceutical Compounding Permit \$100.00

e. Nuclear Pharmacy

Must complete separate Nuclear Pharmacy Application

Attach Check or Money Order to Application

Total Fees: _____

Name of Enteral/Parenteral Pharmacist Manager _____ RPh# _____

3. Circle Applicable Drug Schedule II III IV V Narcotic

II III IV V Non-Narcotic

4. Circle Type of Ownership Single Proprietor Partnership Corporation

5. Names of Principles and Titles: (Owner, Partners, Three Corporate Officers)

6. Has the applicant or any officer or partner of the applicant ever been convicted of a Felony? _____

7. The undersigned hereby swear, or affirm, that all statements made herein are true and correct, and that all provisions of the law and regulations relative to the practice of pharmacy, will be faithfully observed so long as any permit issue will be in force.

8. _____
Signature of Applicant, Managing Partner or Office Title Date

9. _____
Signature of Applicant, Managing Partner or Office Title Date