

Per Rule §15-15-5 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30<sup>th</sup>

# West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

## APPLICATION FOR PERMIT/ RENEWAL/CHANGE OF OWNERSHIP TO HANDLE CONTROLLED SUBSTANCES

July 1, 2025 to June 30, 2027

All numbered lines must be completed or application will be returned.

Authority: Uniform CS Act 60A-3-302 & WV Legislative Rules 15-1-21

Name, Physical Address, & Mailing Address of Facility Needing Permit: (Please Type)

Check here for Change of Ownership

License #: \_\_\_\_\_ DEA #: \_\_\_\_\_ Phone #: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Name of owner of this facility or researcher applying for permit:

\_\_\_\_\_

2. Name and license # of your Consultant Pharmacist \_\_\_\_\_

3. \_\_\_\_\_

Name of person with controlled substance power of attorney if different from applicant.

4. Will you have drugs on individual patient prescriptions? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Will an emergency box of drugs be kept for administration by healthcare professionals? Yes \_\_\_ No \_\_\_

6. If yes, show name of usual pharmacy \_\_\_\_\_ Lic: \_\_\_\_\_

7. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

8. Circle applicable drug schedules: **C-I** **C-II** **C-III** **C-IV** **C-V**

### New Permit/Change of Ownership Fees: (Biennial Renewal-Listed fee should be doubled)

9. 25.3.2 Hospital or Medical Clinic (without pharmacy) **\$50.00**

25.3.3 Extended Care Facility or Nursing Home **\$25.00**

25.3.4 Non-government Training Institution **\$25.00**

25.3.5 Non-government Researcher **\$25.00**

25.3.7 Jails or Correctional Facilities **\$25.00**

25.3.8 Rescue or Emergency Squads **\$25.00**

25.3.9 Non-government Human Societies **\$25.00**

25.3.10 All Government Agencies or Employees are exempt from fees.

10. Attach check or money order to application. **Total Fees:** \_\_\_\_\_

11. \_\_\_\_\_

Signature of Applicant, Managing Partner, or Officer

Title

Date

12. \_\_\_\_\_

Signature of Consultant Pharmacist

Date