

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

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor
Charleston, WV 25301

APPLICATION FOR PERMIT OR RENEWAL 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-3-301 & WV Legislative Rules 15-1-23 & 15-1-25

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

License #: _____ **DEA #:** _____ **Phone #:** _____ **County:** _____

Email Address: _____

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

2. Name and license # of you 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**

Annual 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