

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
EMERGENCY MEDICAL SERVICE AGENCY
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: _____

Name of owner of this facility applying for permit:

- _____
1. Name of State medical practitioner license #, and DEA # of the Agency Medical Director:

 2. Name of person(s) with controlled substance power of attorney if different from applicant.

 3. Will you have drugs supplied from a central agency location? Yes _____ No _____
If yes, where? _____
 4. Will an emergency box of drugs be kept for administration by healthcare professionals? Yes ___ No ___
 5. **Circle applicable drug schedules: C-II C-III C-IV C-V**
 6. Who is/are your regular distributor(s)?

 7. **Circle applicable fee: Annual Fees: (Biennial Renewal-Listed fee should be doubled)**
Rescue or Emergency Squads (Attach check or money order to application) **\$25.00**
All Government Agencies or Employees are exempt from fees. **\$ 0.00**
 8. _____
Signature of Applicant: Agency Official Title Date
 9. _____
Signature of Agency Medical Director Date