

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

APPLICATION FOR LICENSE RENEWAL AS A

REGISTERED INTERN

July 1, 2025- June 30, 2026

Current Name and Home Address:

Enter any change of Name and Home Address below this line:

License #: _____

Phone #: _____

County: _____ SSN: _____ - _____ - _____ Date of Birth ____/____/____ Gender ____ M ____ F

E-Profile #: _____ Email: _____

NOTE: Application must be completed and include a **\$10.00** Registration Renewal Fee payable by **check or money order only**. Applications received in the Board Office after June 30 requires payment of a late fee of \$5.00 in addition to your regular renewal fee, to total \$15.00. If you fail to submit your application for renewal by August 31, your authorization will be considered lapsed.

Please mark which year this renewal represents: __Second Year __Third Year __Fourth Year

Have you ever been convicted by any agency or court, federal or state, of a felony, misdemeanor, or any infraction of pharmacy laws? _____

NOTE: If yes to the above question, you must attach a detailed statement, including description of action taken.

Signature

Date