

**WEST VIRGINIA BOARD OF PHARMACY**  
**1207 Quarrier St. 4<sup>th</sup> Floor**  
**Charleston, WV 25301**  
**APPLICATION FOR RENEWAL AS A REGISTERED PHARMACIST**  
**July 1, 2025 to June 30, 2027**

Current Name and Address On File:

Check here if name or address changed  
Current name and address if changed:

Are you 65 or older? YES NO (IF YES, reduced renewal fee of \$70.00 should be submitted. If submitted after June 30th late fee of \$50.00 in addition to your regular renewal fee, to total \$120.00 is required.)

County: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F  
License#: **RP** \_\_\_\_\_ E-Profile #: \_\_\_\_\_ Email: \_\_\_\_\_

Section 10, Article 5, Chapter 30 of the Code of West Virginia requires that every registered pharmacist within this state shall on or before July 1 apply to the State Board of Pharmacy for biennial renewal of his or her certificate. Complete the following form; fill in all categories as required, return with the fee of **\$120** payable to the West Virginia Board of Pharmacy. Applications received in the Board Office after June 30 requires payment of a late fee of \$100.00 in addition to your regular renewal fee, to total \$220.00. If you fail to submit your application for renewal by August 31, your authorization will be considered lapsed. If lapsed, you will have to apply for reinstatement using the appropriate reinstatement application.

Current Status (Check One)      Active \_\_\_\_\_      Deceased \_\_\_\_\_      Suspension \_\_\_\_\_      Retired \_\_\_\_\_

Per WV Code §30-1-20 Anticipated Retirement Date \_\_\_\_\_

% time working direct patient care services \_\_\_\_\_      % time working administration \_\_\_\_\_      (To Total 100%; N/A if Inactive or Retired)

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please check only one in each category**

Pursuant to W. VA Code § 48A-5A-5(c) Each applicant for license must answer the following questions and certify under penalty of false swearing, that these answers are true and correct.

	YES	NO
1. Do you have a child support obligation?	_____	_____
2. If answer to question 1, above, is yes, are you in arrearage?	_____	_____
3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support for six (6) months?	_____	_____
4. Are you the subject of a child support related subpoena or warrant?	_____	_____

Have you ever been charged or had any disciplinary action taken by any agency or court, federal or state, of a felony or any infraction of pharmacy laws and regulations?      Yes \_\_\_\_\_ No \_\_\_\_\_

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

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE OR REGISTRATION.

I, \_\_\_\_\_ do hereby certify, attest, and affirm under penalties of perjury and false swearing, that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WEST VIRGINIA BOARD OF PHARMACY**

**1207 Quarrier St. 4<sup>th</sup> Floor**

**Charleston, WV 25301**

**CONTINUING EDUCATION FORM**

**Reporting Period July 1, 2023 to June 30, 2025**

**SECTION A: FOR WEST VIRGINIA LICENSEES ACTIVELY PRACTICING IN WEST VIRGINIA AND WEST VIRGINIA LICENSEES IN STATES NOT REQUIRING MANDATORY CONTINUING PHARMACEUTICAL EDUCATION.**

**PLEASE ATTACH A PRINTOUT OF YOUR HOURS AS RECORDED IN THE CPE MONITOR. FOR HOURS NOT TRACKED IN CPE MONITOR, AND FOR SPECIFIC HOURS REQUIRED (Live/Drug Diversion) , PLEASE INDICATE HERE (PLEASE CHECK BOX BESIDE PROGRAM IF LIVE):**

**60 MINUTES OF CE PARTICIPATION EQUALS 1 HOUR OF CONTINUING EDUCATION CREDIT. SIX HOURS OF THE 30 REQUIRED HOURS MUST BE LIVE.**

Program Name of Number Live CE	Live	Date	Hours	Program Name of Number Consulting Pharmacist CE	Live	Date	Hours
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			
10. Drug Diversion Training and Best Practice Prescribing of Controlled Substances. WV Approved Course # WV _____-_____-_____-Drug Diversion				Waiver: I attest, and affirm that I have not administered or dispensed a controlled substance during the entire previous reporting period. _____ Signature			
Unless you affirm that you have not administered or dispensed a controlled substance during the entire previous reporting period, all pharmacists, in-state and out of state still must complete the required 2 hours per reporting period for "Drug Diversion Training and Best Practice Prescribing of Controlled Substances." Please list the information for this course or sign the waiver. WV law states that you must complete a minimum of two hours of drug diversion training within one year of receiving your initial license. Have you ever reported a Board-approved Drug Diversion CE on a PRIOR pharmacy license renewal? YES / NO							

NOTE: IF YOU ARE A CONSULTANT PHARMACIST IN WEST VIRGINIA, REPORT YOUR 6 HOURS IN CONSULTING PRACTICE IN LINES 7-12 ABOVE.

IF YOU HAVE NOT ADMINISTERED OR DISPENSED A CONTROLLED SUBSTANCE DURING THE ENTIRE PREVIOUS REPORTING PERIOD, YOU MAY SIGN THE WAIVER IN PLACE OF ATTENDANCE OF THE REQUIRED 3 HOURS OF "DRUG DIVERSION TRAINING AND BEST PRACTICE PRESCRIBING OF CONTROLLED SUBSTANCES" CPE.

REQUIREMENT 30 HOURS

TOTAL HOURS \_\_\_\_\_

**SECTION B: OUT OF STATE RESIDENT REPORTING: LIVE HOUR REQUIREMENT DOES NOT APPLY.**

Drug Diversion Training and Best Practice Prescribing of Controlled Substances. WV Approved Course # WV _____-_____-_____-Drug Diversion	Date	Hours	Waiver: I attest, and affirm that I have not administered or dispensed a controlled substance during the entire previous reporting period. _____ Signature
Unless you affirm that you have not administered or dispensed a controlled substance during the entire previous reporting period, all pharmacists, in-state and out of state still must complete the required 2 hours per reporting period for "Drug Diversion Training and Best Practice Prescribing of Controlled Substances." Please list the information for this course or sign the waiver. WV law states that you must complete a minimum of two hours of drug diversion training within one year of receiving your initial license. Have you ever reported a Board-approved Drug Diversion CE on a PRIOR pharmacy license renewal? YES / NO			

**WEST VIRGINIA LICENSEES WHO DO NOT RESIDE OR PRACTICE IN WEST VIRGINIA AND WHO HOLD A CURRENT LICENSE IN A STATE REQUIRING MANDATORY PHARMACEUTICAL EDUCATION MUST ATTEST TO THE FOLLOWING STATEMENT:**

I declare that I hold a current and valid pharmacist license in the STATE of \_\_\_\_\_ and that I have met the continuing pharmaceutical education requirements of that state and I do not currently reside or practice in the state of West Virginia. I will notify the West Virginia Board of Pharmacy if I return and commence practice in the State of West Virginia.

I swear or affirm that I have registered with and maintained access to the Controlled Substances Monitoring Program database. \_\_\_\_Yes \_\_\_\_No If No, by signing below, I swear or affirm that I do not at any time prescribe or dispense any Schedule II-IV controlled substances in or into West Virginia:

\_\_\_\_\_  
Signature Date

I, \_\_\_\_\_, HEREBY CERTIFY, ATTEST, AND AFFIRM THE CONTINUING PHARMACEUTICAL EDUCATION INFORMATION LISTED ABOVE IS TRUE AND CORRECT.

\_\_\_\_\_, RPh License # \_\_\_\_\_  
Signature Date