

Per Rule §15-1-14.4.2 applications must be **RECEIVED** in our office by June 15th in order to allow time to process by June 30<sup>th</sup>  
All renewal applications **RECEIVED** in our office after June 30<sup>th</sup> will be required to pay a late fee

## WEST VIRGINIA BOARD OF PHARMACY

1207 Quarrier St. 4th Floor

Charleston, WV 25301

### APPLICATION FOR LICENSE RENEWAL AS A CONSULTANT PHARMACIST

July 1, 2025 to June 30, 2026

Name/Address: \_\_\_\_\_

Current Name/Address (if different): \_\_\_\_\_

Previous Name if Applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

License #: \_\_\_\_\_ License Exp Date \_\_\_\_\_

NOTE: This form must be completed for each institution or facility in which consultation or coordination is performed. Make as many copies as necessary. Fee is **\$20.00** made payable by check or money order only. All renewal applications received in the Board Office after June 30 requires payment of a late fee of \$20.00 in addition to your regular renewal fee, to total \$40.00. If you fail to submit your application for renewal by August 31, your authorization will be considered lapsed. Complete the following information on the institution or facility on behalf of which consultation or coordination is performed.

DBA Name: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

License issued to institution or facility by Board of Health, Nursing Home Board, or other Agency: License # \_\_\_\_\_ State: \_\_\_\_\_

Skilled Nursing Facility \_\_\_\_\_ Home for the Aged \_\_\_\_\_ Hospital \_\_\_\_\_ Rest Home \_\_\_\_\_

Intermediate Care Facility \_\_\_\_\_ Nursing Home \_\_\_\_\_ Clinic \_\_\_\_\_ Government Agency \_\_\_\_\_

How are drugs stored on premises? Specify \_\_\_\_\_

How are drugs supplied and/or dispensed to patients in the facility or institution? By local pharmacy, where pharmacist is the consultant?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Does the facility or institution have a Policies and Procedures Manual or drug distribution and pharmacy services? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the facility have a policy on disposition of drugs for discharged or deceased patients? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this facility have controlled substances on hand? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, does this facility have a controlled substance permit issued by the Board of Pharmacy? Yes \_\_\_\_\_ No \_\_\_\_\_

Does consultant maintain or have access to medical charts and/or patient profiles? Yes \_\_\_\_\_ No \_\_\_\_\_

Does consultant obtain three hours of continuing education in the subject of consulting practice this year? Yes \_\_\_\_\_ No \_\_\_\_\_

Average contact hours with the facility or institution per week \_\_\_\_\_

\_\_\_\_\_  
Signature of Pharmacist Consultant

\_\_\_\_\_  
Signature of Facility Administrator or Authorized Agent