

West Virginia Board of Pharmacy

Ph 304 558-0558 1207 Quarrier St. 4th Floor Charleston, WV 25301 Fax 304 558-0572

INITIAL APPLICATION FOR IMMUNIZATION PERMIT

(Limited to immunizations permitted by Rule §15-12-2.2, 18 YOA and Over)

Date _____ Lic. # _____

1. Name of Pharmacist _____ Lic. Exp Date _____

2. Mailing address _____ Physical address _____

3. City _____ State _____ Zip _____ County _____

4. Name of pharmacy in which you usually practice _____

5. Pharmacy phone _____ Fax _____ Home Phone _____

6. Send proof of APHA or other approved training program completion (15-12-3.1b), and proof of current CPR training (15-12-3.1c)."

I certify that the above information is true and correct to the best of my knowledge, that I am eligible for certification to be an immunizing pharmacist pursuant to the laws of the State of West Virginia, and that I am aware of my duties and responsibilities according to West Virginia Code Section 30-5-30, and West Virginia Legislative Rule Sections 15-12-1. et seq.

Pharmacist's signature

7. Comments _____

If your Pharmacists License expires in 2026, then you will receive a "1 year"
Immunization Permit which will come up for renewal with your Pharmacist License.
If your Pharmacists License expires in 2027, then you will receive a "2 year"
Immunization Permit which will come up for renewal with your Pharmacist License.
An application requires a fee of \$20.00.

All payments must be made by check or money order. Checks and money orders are to be made payable to The West Virginia Board of Pharmacy.