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

Ph 304 558-0558 (Limite	LICENSE RENEWAL	t. 4th Floor Cha FOR IMMUNIZ	arleston, WV 25301 Fax 304 558	I-0572	
Date Pervious Permit Expires		_			
Check here if name or address cl	hange				
Date		WV Pharmacist License #			
1. Name of Pharmacist			Lic. Exp Date		
2. Mailing address		Physical address			
3. City	State	Zip	County		
4. Name of pharmacy in which ye	ou usually practice				
5. Pharmacy phone	Fax		Home Phone		
hours/year, 4 total) (15-12-3.1.d immunization training programs). Please visit our website at and WVBOP approved CPR t wal with Immunization renev tion.	wvbop.com for raining program val, please attac	3.1.c), and proof of CPE on immuni any questions regarding WVBOP ap s. h all documents required for Immu Date Completed	oproved	
	information is true and corre	ct to the best of			

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 Signature

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. Renewal fee is \$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.