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 30th

If a completed application for renewal is not received in the Board office on or before June 30 of the year in which it expired, the license is expired.
Renewal applications received after June shall require the payment of a late fee in the amount of $150.00 in addition to the renewal fee.
Renewal applications not received by the first day of August each year shall require the payment of a reinstatement fee of $250.00 in addition to the renewal fee.

WEST VIRGINIA BOARD OF PHARMACY

1207 Quarrier St. 4th Floor
Charleston, WV 25301
PHONE: 304-558-0558 FAX: 304-558-0572

APPLICATION FOR REGISTRATION OR RENEWAL TO OPERATE AS A LIMITED SCHEDULE V PSEUDOEPHEDRINE DISTRIBUTOR

July 1, 2024 to June 30, 2026

Annual Fees: (Biennial Renewal-Listed fees should be doubled)

Note: TOTAL FEE: $250.00 MADE PAYABLE BY CHECK OR MONEY ORDER ONLY. ALL FEES ARE NON-REFUNDABLE
(Total fee reflects $200.00 for Limited Pseudoephedrine Registration and $50.00 for Controlled Substance Registration)

Every Wholesaler, Manufacturer, or Distributor of Schedule V Pseudoephedrine, Ephedrine, and Phenylpropanolamine products "PSE" shall be subject to the METHAMPHETAMINE LABORATORY ERADICATION ACT, Chapter 60A, Article 10 of the West Virginia Code, as amended, and West Virginia Code of State Rules 15-11-1, et seq. Likewise, because PSE is a Schedule V product, you are subject to registration to handle controlled substances per West Virginia Code §§60A-3-301 and 302. Note: If you are a West Virginia permitted pharmacy, drug manufacturer, or drug wholesaler/ distributor, and have a West Virginia Controlled Substances Handling Permit, you do not need a separate Pseudoephedrine Distributor Permit. Note also; no PSE products shall be sold, dispensed, delivered, or distributed to an end user/patient except by a pharmacy from behind the pharmacy counter.

Current name and address: ___**Name/Address Change**

Doing Business As: Individual___ Partnership___ Corporation___ Email Address: _____

License #_____ Phone#_____ Fax#_____

1. Name of Manager-In-Charge:_____
2. **Attach** a list of current owner, partners, or corporate officers and titles.
3. Are your Schedule V Pseudoephedrine products stored in a locked area that is monitored? Yes___No___
4. a) Have your premises been inspected for safeguards relative to the Act? Yes___No___
   b) If yes, by whom and when?_____
5. a) Have you established security measures to guard against diversion? Yes___No___
   b) Please attach description of such measures.
6. a) Do you sell grocery and/or non- prescription pharmaceutical items? Yes___No___
   b) Do you distribute **ONLY** Pseudoephedrine items? Yes___No___
   [If yes to 6(b), STOP HERE. You are not permitted to distribute in this manner.]
7. a) Has anyone connected with the firm ever been convicted of a felony or have a history of association with the diversion of pseudoephedrine? Yes___No___
   b) If yes, attach a detailed statement.
8. By signing below, I affirm that I understand PSE is a Schedule V Controlled Substance requiring a controlled substance registration for handling Schedule V products.

Affidavit: I DO SOLEMNLY SWEAR AND AFFIRM THAT I AM THE AUTHORIZED PERSON TO SIGN FOR THIS APPLICATION FOR LIMITED SCHEDULE V DISTRIBUTOR REGISTRATION AND SCHEDULE V-ONLY CONTROLLED SUBSTANCE REGISTRATION AND ALL STATEMENTS MADE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____

Signature Title Date