

Per Rule §15-15-5.1 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

APPLICATION FOR LICENSE PERMIT OR RENEWAL TO OPERATE A MAIL ORDER PHARMACY

July 1, 2025 to June 30, 2027

Every mail-order pharmacy which dispenses drugs or medicines through the United States mail or otherwise to any point within the State of West Virginia shall, as a condition precedent to being qualified and authorized to transact such business in the State of West Virginia, register with the Board of Pharmacy to conduct such business in the State as provided for in West Virginia, Code 30-5-24.

Current name and address: _____ Old name, address, and license #: _____ Check here if name or address change

(Address change requires new application & fee)

Check here if ownership change

(Ownership change requires new application & fee)

Home State License #: _____ Check One: New Application Renewal

WEST VIRGINIA LICENSE #: _____ Email Address: _____

PHONE #: _____ FAX#: _____

DEA#: _____

List other state(s) of licensure: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

Doing Business As: Individual _____ Partnership _____ Corporation _____

Attach a list of current owner, partners, or corporate officers and title.

Name of Pharmacy Manager _____

Pharmacist in Charge _____ West Virginia License # _____

{Per West Virginia Code 30-5-7(a)(13), the PIC of any out of state mail order pharmacy providing pharmacist care to patients in West Virginia shall be licensed in West Virginia.}

Other Registered Pharmacists employed (including license # and state of licensure. Attach additional pages as necessary.)

Name: _____ License#: _____ State: _____

Have there been any violations of pharmacy or controlled substance laws by the facility or any employee of the facility, including, but not limited to, original convictions or administrative discipline? _____ If yes, must be explained in detail in an attachment.

Per West Virginia Code 60A-3-302, any person or entity which distributes or dispenses any controlled substance within this state must obtain a controlled substance handling permit, which requires an additional fee of \$50.00.

Check here if handling Controlled Substances. Circle applicable drug schedules: C-I C-II C-III C-IV C-V

Do you perform sterile and/or nuclear compounding? (If yes additional fee of \$150.00) _____ Yes _____ No

If yes, is dispensing pursuant to a prescription for a patient? _____ Yes _____ No

If yes, for non-Nuclear facilities:

For facilities performing sterile compounding for WV patients pursuant to a prescription (503a): If your state is a participant in the NABP Multistate Pharmacy Inspection Blueprint Program, please attach a copy of your state's most recent sterile compounding inspection. If your home State Board of Pharmacy is not a participant in the NABP Blueprint Program and your state does not use the NABP universal inspection form for sterile compounding, one of the following types of inspections **must be provided to be considered for licensure:** an NABP Verified Pharmacy Program (VPP) inspection or an ACHC Inspection Service (AIS) inspection (*Please note that this is not the same as an ACHC accreditation inspection which is not an adequate substitute for the inspection types listed above.) In rare instances, other inspection types may be accepted, but these must be deemed substantially similar and non-inferior to an NABP universal inspection by the board at its discretion. **Please note that any inspections submitted must have occurred two years or less from the date of application to be considered.**

If no, STOP. If you are a 503B Outsourcing facility stop here and complete the application for Manufacturer (and Wholesale Drug Distributer if applicable).

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Do you operate as a Nuclear Pharmacy?

____ Yes ____ No

If yes, if registered with the FDA, ATTACH a copy your FDA registration. ATTACH a copy of your current NRC/RAM license. Provide a copy of the most recent inspection utilizing the NABP Universal Nuclear Pharmacy Inspection Form. This may be as performed by your state's Board of Pharmacy or by NABP Verified Pharmacy Program (VPP) inspection.

Name of person authorized to sign for controlled substances _____

The undersigned hereby swears, or affirms, that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon, relative to the practice of pharmacy, will be faithfully observed during the period any permit issued may be in force and effect.

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

Every initial application for a permit shall be accompanied by the required fee of **\$500.00**. The renewal of such permit or license shall be **\$500.00 ANNUALLY**. **You must attach copies of your State License and most current inspection report as well as copies of your federal and state controlled substance registration, if shipping controlled substances.**

If handling Controlled Substances, an additional fee for the Controlled Substance Handling Permit of **\$50.00 (annually)** is required, for a total fee of **\$550.00 (annually)**.

If performing sterile and/or nuclear compounding additional **\$150.00 (annually)** is required.

Signature (Owner,Partner,CorporateOfficer) _____ Signature(Pharmacist-In-Charge) _____

Date: _____

Date: _____