



Office
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Charleston, WV 25301

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Phone
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In State
Notification of Change of
Pharmacist-In-Charge (PIC)

Pharmacy Name _____

Pharmacy License # _____

Address of Pharmacy _____

City _____ State _____ Zip _____ Phone# _____

Incoming PIC _____ Outgoing PIC _____

Name _____ Name _____

License# _____ License# _____

Home Phone# _____ Home Phone# _____

Previous Employer: _____ New Employer: _____

An inventory of all controlled substances was taken on: _____ Date _____

As the incoming PIC, I state that I have reviewed my pharmacy's Duties of the PIC and that I have reviewed and fully understand West Virginia Rules §15-1-16. Duties and Responsibilities of the Pharmacist-in-Charge.

Signature of Incoming PIC _____ Date _____

Signature of Outgoing PIC _____ Date _____

*Note: If the departing and incoming P-I-C are unable to conduct the inventory together, a closing inventory shall be conducted by the departing P-I-C and a separate beginning inventory shall be conducted by the incoming P-I-C.

*Note: This P-I-C form must be mailed to the Board office along with the fee of **\$10.00 (Check or monevorder only)**, and the original permit. Make a copy of the original permit with a line drawn through the name of the outgoing PIC, write the name of the incoming PIC in indelible ink upon the copied permit, and put it on your pharmacy wall until you receive the new permit from the Board office.