



Office

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**In State
Notification of Interim
Pharmacist-In-Charge (PIC)**

(To be designated for a period not to exceed sixty days. If requesting for any period of time longer than sixty days a written request must be presented to the full Board for review)

Pharmacy Name_____

Pharmacy License #_____

Address of Pharmacy_____

City_____ State_____ Zip_____ Phone#_____

Interim 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 Interim P-I-C form must be mailed to the Board office along with detailed explanation of the circumstances which warrant the change. Make a copy of the original permit, on this copy, draw a line through the name of the outgoing PIC, write the name of the Interim PIC in indelible ink upon the copied permit, and put it on your pharmacy wall until the return of the PIC.