

# West Virginia Board of Pharmacy

1207 Quarrier St, 4<sup>th</sup> Floor, Charleston, WV 25301 Phone (304) 558-0558 Fax (304) 558-0572

## CHANGE OF OWNERSHIP – INSTATE PHARMACY

A change of pharmacy ownership requires issuance of a New Pharmacy Registration. Upon receipt of this completed application the Board office staff will issue a New Pending Registration Number. This number will be valid for a period of 90 days to enable you to obtain a new DEA Registration, a new NPI number and secure the necessary third-party contracts. When this process is completed the old registration will be inactivated and you may start operations under the new registration. You should also obtain a limited power of attorney from the previous owner to operate under as that business for the 90 days or time necessary to complete the change.

All numbered lines must be completed for a new permit or application will be returned for completion.

1. Current name of pharmacy \_\_\_\_\_ Registration Number \_\_\_\_\_
2. Name of pharmacy to be permitted \_\_\_\_\_ Date \_\_\_\_\_
3. If operating as a dba, what is name of business \_\_\_\_\_
4. Physical address \_\_\_\_\_ Mailing address \_\_\_\_\_  
City \_\_\_\_\_ WV Zip \_\_\_\_\_ County \_\_\_\_\_
5. Pharmacy email address \_\_\_\_\_
6. Pharmacist-in-charge \_\_\_\_\_ RP \_\_\_\_\_
7. Pharmacist-in-charge work phone prior to opening \_\_\_\_\_ Home Phone \_\_\_\_\_
8. Has your pharmacist license ever been denied, suspended or revoked in this or any state? Yes \_\_\_ No \_\_\_
9. Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_
10. Have you ever been convicted of a misdemeanor other than a traffic violation? Yes \_\_\_ No \_\_\_
11. If any answer on questions 6 thru 8 is yes, attach a detailed explanation.
12. Type of ownership? (Check one) Single Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_
13. Is this pharmacy owned as a \_\_\_ sole/single-site pharmacy or as part of a \_\_\_ multi-site pharmacy group or chain?
14. Names of principals and their titles: (owner, Partners or three corporate officers)  
\_\_\_\_\_  
Title \_\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_
15. Has the applicant or any officer or partner ever been convicted of a felony? Yes \_\_\_ No \_\_\_
16. If answer to question 14 is yes, attach a detailed explanation.
17. Circle applicable fees:
  - a. Pharmacy in-patient \$150.00
  - b. Pharmacy out-patient \$150.00
  - c. Controlled Substance Permit \$10.00
  - d. Sterile Compounding Permit \$150.00
  - e. Nuclear Pharmacy Permit \$150.00 (Note d.& e. also require a. or b.)
18. Attach check or money order to application. Total fees \$ \_\_\_\_\_
19. Circle applicable Drug Schedules applied for: I II III IV V
20. Names & work address of person(s) with controlled Substance Power of Attorney:  
\_\_\_\_\_  
\_\_\_\_\_

21. The undersigned hereby swear or affirm, that all statements made herein are true and correct, and that all provisions of the law and regulations relative to the practice of pharmacy, will be faithfully observed so long as any registration is issued.

\_\_\_\_\_  
Signature of applicant, managing partner, or officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of pharmacist-in-charge

\_\_\_\_\_  
Date

Office use only. Enter New Registration Number:

Enter date that letter outlining New Registration policy and Registration Number was mailed to Owner. \_\_\_ / \_\_\_ / \_\_\_