

West Virginia Board of Pharmacy

1207 Quarrier St, 4th Floor, Charleston, WV 25301 Phone: 304 558 0558 Fax: 304 558 0572

RESIDENT PHARMACY REMODEL PERMIT APPLICATION

(This is treated as a New Pharmacy Permit Application subject to inspection)

Submit floor plan to scale with this form. (Must show counseling area, Rx in & Rx out including cash register)

Additional \$250.00 fee applies if inspection is requested with less than 7 days notice.

Additional \$250.00 fee applies if re-inspection is required.

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

Date: _____

1. Name of Pharmacy _____ License # _____

2. Physical address _____ Mailing address _____
City _____ State _____ Zip _____ County _____

3. Pharmacy e-mail address _____

4. Pharmacist-in-charge _____ RP _____

5. Pharmacist-in-charge work phone prior to opening _____ Home Phone _____

6. 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.)

7. Attach check or money order to application Total Fees _____

8. Circle applicable Controlled Drug Schedules applied for II III IV V

9. Name & work address of person(s) with Controlled Substance Power of Attorney:

10. 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 permit issued.

11. _____
Signature of applicant, managing partner, or officer Date

12. _____
Signature of pharmacist-in-charge Date