

West Virginia Board of Pharmacy

1207 Quarrier Street, 4th Floor

Charleston, WV 25301

Phone: 304-558-0558

REGISTERED PHARMACIST REINSTATEMENT APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Mobile #: _____ Work #: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Place of Employment: _____

Employment Address: _____

West Virginia Registered Pharmacist License #: _____

Date original West Virginia pharmacist license was issued: _____

In what year, did you fail to renew your pharmacist license? _____

Are you familiar with the laws of this state regarding the practice of pharmacy and dispensing of drugs
and also the Federal and State Laws regarding controlled substances? Yes ___ No ___

State WHY you allowed your registration to become inactive: _____

State occupation you have been engaged in since the day your registration became inactive: _____

If you are presently engaged in the practice of pharmacy, list all such places, practices and address of
employment and the exact duties performed and list any states in which you hold a current, valid
license. Use separate sheet, if necessary.

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

I have not been convicted, fined, disciplined or had any license revoked for drug addiction, or violation of pharmacy, liquor or drug laws, nor am I presently charged with such violations. I have not been convicted of any felony, nor am I presently charged with the commission of a felony. I hereby authorize the West Virginia Board of Pharmacy to obtain a certified criminal record check on myself.

If you are presently charged with or have been previously convicted of any such violation, explain in detail. If your license has been suspended or revoked for other than non-payment of fees, explain fully. Use a separate sheet, if necessary.

The Board took up a review of the reinstatement process for Pharmacists, including any testing and reinstatement fees. Motion was made that, so long as the registrant has been expired for less than one year, then they may reinstate by making proper application for reinstatement and renewal on the Board's forms, pay the reinstatement fee and the application fee. No appearance or testing would be required. If they have been expired for more than one year, then they must complete the full process for reinstatement except that no appearance before the Board will be required.

IF LAPSED LESS THAN ONE YEAR:
REMIT THIS APPLICATION COMPLETED WITH AN APPLICATION FEE OF \$250.00 PLUS RENEWAL FEE OF \$120.00 FOR A TOTAL OF \$370.00. A COPY OF THE RENEWAL APPLICATION AND ALL REQUIRED CE MUST BE INCLUDED WITH REINSTATEMENT APPLICATION.

IF LAPSED MORE THAN ONE YEAR:
REMIT THIS APPLICATION COMPLETED WITH AN APPLICATION FEE OF \$250.00 PLUS RENEWAL FEE OF \$120.00 FOR A TOTAL OF \$370.00. YOU MUST ALSO SIGN UP TO RETAKE YOUR MPJE WITH THE NATIONAL BOARD **PRIOR TO** SUBMITTING THIS APPLICATION TO THE WEST VIRGINIA BOARD OF PHARMACY.

Signature of Applicant

Date