

Complete and return to:
WV Board of Pharmacy
 1207 Quarrier St. 4th Floor
 Charleston, WV 25301
 www.wvbop.com

West Virginia Board of Pharmacy
Application for Collaborative Pharmacy Practice (CP)

For Office Use Only
 Clarify or Obtain _____
 Appears in Order _____

Social Security _____

First _____ Middle _____ Last Name _____

Mailing Address _____

Street _____ City _____ State _____ County _____ Zip _____

Place of Birth _____ Birth Date _____ Present Age _____ Sex _____ Race _____

Requirements for CP Applicants

§30-5-18 & Rule§11-8-3 . Pharmacist requirements to participate in a collaborative pharmacy practice agreement.

For a pharmacist to participate in a collaborative pharmacy practice agreement, the pharmacist must:

- (a) Have an unrestricted and current license to practice as a pharmacist in West Virginia;
- (b) Have at least one million dollars of professional liability insurance coverage;
- (c) Meet one of the following qualifications, at a minimum:
 - (1) Earned a Certification from the Board of Pharmaceutical Specialties, is a Certified Geriatric Practitioner, or has completed an American Society of Health System Pharmacists (ASHP) accredited residency program, which includes two years of clinical experience approved by the Boards;
 - (2) Successfully completed the course of study and holds an academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Board and has completed an Accreditation Council for Pharmacy Education (ACPE) approved certificate program in the area of practice covered by the collaborative pharmacy practice agreement; or
 - (3) Successfully completed the course of study and holds the academic degree Bachelor of Science in Pharmacy and has five years clinical experience approved by the Boards and has completed two ACPE approved certificate programs with at least one program in the area of practice covered by the collaborative pharmacy practice agreement.

Academic Degree

BS in Pharmacy _____ Doctorate in Pharmacy _____

University Attended _____ Date Degree Awarded _____ University Attended _____ Date Degree Awarded _____

Pharmacist Licensure

West Virginia License Number _____ Year Original License Issued _____

BPS or Geriatric Certification

Specialty Certification _____ Date Completed _____ Certificate Number _____

ASHP Residency

Location _____ Date Started _____ Date Completed _____

Certificate Programs

The Certificate Program completed must be an (ACPE) approved certificate program in the area of practice covered by the CP agreement. Two Certificate Programs are required for BS degree recipients, and one is required for PharmD recipients.

Certificate Completed (see page 2) _____ Identifier _____ Date Completed _____

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