

Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30th

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

FACILITY REGISTRATION with CONSULTANT PHARMACIST – NO CONTROLLED SUBSTANCES

July 1, 2026 to June 30, 2027

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

Authority: WV Legislative Rules 15-1-19

Name, Street Address, & Mailing Address of Facility Needing Permit: (Please Type)

License #: _____ **Phone #:** _____ **County:** _____ **Email:** _____

1. Name of owner of this facility or researcher applying for permit:

2. Name and license # of you Consultant Pharmacist _____

3. Will you have drugs on individual patient prescriptions? Yes _____ No _____

4. Will an emergency box of drugs be kept for administration by healthcare professionals? Yes ___ No ___

5. If yes, show name of usual pharmacy _____ Lic: _____

6. Street Address: _____ City: _____ State: _____

7. 25.3.2 Hospital or Medical Clinic (without pharmacy)

25.3.3 Extended Care Facility or Nursing Home

25.3.4 Non-government Training Institution

25.3.7 Jails or Correctional Facilities

Clinic or other facility.

8. **NO FEE.**

9. _____

Signature of Applicant, Managing Partner, or Officer

Title

Date

10. _____

Signature of Consultant Pharmacist

Date