

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 30<sup>th</sup>

## West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

### FACILITY REGISTRATION with CONSULTANT PHARMACIST – NO CONTROLLED SUBSTANCES

July 1, 2025 to June 30, 2026

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