

# West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor Charleston, WV 25301

Phone: 304 558 0558

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## NEW NUCLEAR PHARMACY PERMIT APPLICATION

Submit floor plan to scale with this form.

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

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

1. Name of Pharmacy to be permitted \_\_\_\_\_ Date \_\_\_\_\_
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. Has your pharmacist license ever been denied, suspended, or revoked in this or any state? Yes \_\_\_ No \_\_\_
7. Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_
8. Have you ever been convicted of a misdemeanor other than a traffic violation? Yes \_\_\_ No \_\_\_
9. If any answer on 6 thru 8 is yes attach a detailed explanation.
10. Type of ownership? (check one) Single Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_
11. Is this pharmacy owned as a \_\_\_ sole/single-site pharmacy or as part of a \_\_\_ multi-site pharmacy group or chain?
12. Names of principals and their titles: (owner, partners, three corporate officers)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Has the applicant or any officer or partner ever been convicted of a felony?
14. Circle applicable fees:
  - a. Nuclear Pharmacy Permit \$150.00
15. Attach check or money order to application Total Fees \_\_\_\_\_
16. **ATTACH copy of your NRC/RAM License.**
17. 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.
18. \_\_\_\_\_  
Signature of applicant, managing partner, or officer Date
19. \_\_\_\_\_  
Signature of pharmacist-in-charge Date