

West Virginia Board of Pharmacy

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Charleston, WV 25301

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DRUG DONATION REPOSITORY PERMIT NOTIFICATION/RENEWAL

July 1, 2025 to June 30, 2026

Date: _____

1. Type of Eligible Recipient:

- | | | |
|---|---|---|
| <input type="radio"/> Pharmacy | <input type="radio"/> Federal Qualified Health Center | <input type="radio"/> Healthcare Provider authorized to possess medications |
| <input type="radio"/> Hospital | <input type="radio"/> Non-profit Clinic | |
| <input type="radio"/> Wholesale Distributor | <input type="radio"/> Healthcare facility | <input type="radio"/> Drug donation program in another state |
| <input type="radio"/> Reverse Distributor | | |

2. WVBOP License #: DR _____

3. Name of Eligible Recipient Applicant: _____

4. Street Address: _____

5. Mailing Address: _____

6. City: _____ State: _____ Zip: _____ County: _____

7. Phone: _____ Fax: _____

8. License Number: _____ State: _____

9. Responsible Person (PIC if location has a pharmacy): _____

10. Responsible Person Phone number: _____ Email: _____

11. Fee: \$50 Annual Notification Fee

The annual notification/renewal shall be accompanied by the required fee of **\$50**. **You must attach copies of your state license with the notification.**

I certify that that the above information is correct and that I am aware of my duties and responsibilities and will ensure the lawful operation of the Donated Drug Repository Program as required by W. Va. Code §60B-1-1 et seq. and W.Va. 15 CSR 20 Rules for the Donated Drug Repository Program.

Signature of Responsible Person/Pharmacist-in-charge