

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

Phone: 304-558-0558

Fax: 304-558-0572

DRUG DONATION REPOSITORY PERMIT APPLICATION/RENEWAL

July 1, 2024 to June 30, 2025

Date: _____

1. Name of Clinic: _____

2. Street Address: _____

3. Mailing Address: _____

4. City: _____ State: _____ Zip: _____ County: _____

5. Name of Administrator: _____ Title: _____

6. Name of Pharmacist-In-Charge: _____ Lic. #: _____

If PIC Committee: Names/Lic. #'s of other PIC's: _____

7. Pharmacy Phone: _____ Fax: _____ PIC Home Phone: _____

Email Address: _____

I certify that the above information is correct and that I am aware of my duties and responsibilities

as a pharmacist-in-charge according to WV Legislative Rule 15-13-6.

Pharmacist-In-Charge Signature

Signature of Administrator

(No Registration fee is required—15-13-3.1)