

## West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

Phone: 304-558-0558

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### DRUG DONATION REPOSITORY PERMIT NOTIFICATION/RENEWAL

July 1, 2026 to June 30, 2027

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