

WEST VIRGINIA BOARD OF PHARMACY

1207 Quarrier Street, 4th Floor
Charleston, WV 25301

PHARMACIST CONSULTANT NOTIFICATION/UPDATE FORM

July 1, 2025 to June 30, 2026

One of the following must be checked.

☐ **Adding Consultant Location**

☐ **Removing Consultant Location**

NOTE: This form must be completed for each institution, place, or person to whom consulting services are provided.

Make as many copies as necessary.

Pharmacist Consultant Information:

Name/Address:

Current Name/Address (if different):

Previous Name if Applicable: _____ Phone #: _____

Pharmacist License #: _____ License Exp Date _____

Information Related to Institution, Place, or Person where consulting services are provided:

DBA Name: _____ BOP License #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

License issued to institution or facility by Board of Health, Nursing Home Board, or other Agency: License # _____ State: _____

Type: Hospital or Medical Clinic (without a pharmacy) _____ Humane Society _____ Weight Loss Clinic (registered as facility) _____

Urgent Care Clinic _____ Long Term Care Facility _____ Opioid Treatment/MAT Facility _____ Jail/Correctional Facility _____

Does this institution, place, or person handle controlled substances? Yes _____ No _____

If Yes, does this institution, place, or person have a controlled substance permit issued by the Board of Pharmacy? Yes _____ No _____

Signature of Pharmacist Consultant:

Date:

All pharmacist consultant notifications/updates must be submitted within 14 days of the change.

Submit Notifications by email to boardofpharmacy@wv.gov .