

Complete and return to:
WV Board of Pharmacy
 2310 Kanawha Blvd. E.
 Charleston, WV 25311
 www.wvbop.com

West Virginia Board of Pharmacy
Application for Collaborative Pharmacy Practice (CP)

For Office Use Only

I, _____ Social Security _____

First Middle Last Name

Mailing Address _____

Street City State County Zip

Place of Birth Birth Date Present Age Sex Race

Requirements for CP Applicants

§30-5-18 & Rule§11-8-3 . Pharmacist requirements to participate in a collaborative pharmacy practice agreement.

For a pharmacist to participate in a collaborative pharmacy practice agreement, the pharmacist must:

- (a) Have an unrestricted and current license to practice as a pharmacist in West Virginia;
- (b) Have at least one million dollars of professional liability insurance coverage;
- (c) Meet one of the following qualifications, at a minimum:
 - (1) Earned a Certification from the Board of Pharmaceutical Specialties, is a Certified Geriatric Practitioner, or has completed an American Society of Health System Pharmacists (ASHP) accredited residency program, which includes two years of clinical experience approved by the Boards;
 - (2) Successfully completed the course of study and holds an academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Board and has completed an Accreditation Council for Pharmacy Education (ACPE) approved certificate program in the area of practice covered by the collaborative pharmacy practice agreement; or
 - (3) Successfully completed the course of study and holds the academic degree Bachelor of Science in Pharmacy and has five years clinical experience approved by the Boards and has completed two ACPE approved certificate programs with at least one program in the area of practice covered by the collaborative pharmacy practice agreement.

Academic Degree

BS in Pharmacy

Doctorate in Pharmacy

University Attended Date Degree Awarded

University Attended Date Degree Awarded

Pharmacist Licensure

West Virginia License Number

Year Original License Issued

BPS or Geriatric Certification

Specialty Certification

Date Completed

Certificate Number

ASHP Residency

Location

Date Started

Date Completed

Certificate Programs

The Certificate Program completed must be an (ACPE) approved certificate program in the area of practice covered by the CP agreement. Two Certificate Programs are required for BS degree recipients, and one is required for PharmD recipients.

Certificate Completed (see page 2)

Identifier

Date Completed

Certificate Completed (see page 2)

Identifier

Date Completed

Clarify or Obtain	Appears in Order
_____	_____
_____	_____
_____	_____

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Experience

Five years of clinical experience is required for BS degree recipients and 3 years is required for PharmD recipients.
Different locations should be listed separately below.

Position Held	Date Started	Date Completed
Describe Clinical Experience		

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Describe Clinical Experience		

Position Held	Date Started	Date Completed
Describe Clinical Experience		

Approved by:

_____	_____
President of the West Virginia Board of Pharmacy	Date

_____	_____
Executive Director of the West Virginia Board of Pharmacy	Date

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Clarify or Obtain _____
Appears in Order _____

**Application requires fee of \$50.00 (per Rule §11-8-3.5) made payable to
West Virginia Board of Pharmacy by check or money order only.**