

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East
Charleston, WV 25311

APPLICATION FOR PERMIT OR RENEWAL TO HANDLE CONTROLLED SUBSTANCES

July 1, 2017 to June 30, 2018

All numbered lines must be completed or application will be returned.

Authority: Uniform CS Act 60A-3-301 & WV Legislative Rules 15-1-23 & 15-1-25

Name, Street Address, & Mailing Address of Facility Needing Permit: (Please Type)

License #: _____ **DEA #:** _____ **Phone #:** _____ **County:** _____

1. Name of owner of this facility or researcher applying for permit:

2. Name and license # of you Consultant Pharmacist _____

3. _____

Name of person with controlled substance power of attorney if different from applicant.

4. Will you have drugs on individual patient prescriptions? Yes _____ No _____

5. Will an emergency box of drugs be kept for administration by healthcare professionals? Yes ___ No ___

6. If yes, show name of usual pharmacy _____ Lic: _____

7. Street Address: _____ City: _____ State: _____

8. Circle applicable drug schedules: **C-I** **C-II** **C-III** **C-IV** **C-V**

9. 25.3.2 Hospital or Medical Clinic (without pharmacy) **\$50.00**

25.3.3 Extended Care Facility or Nursing Home **\$25.00**

25.3.4 Non-government Training Institution **\$25.00**

25.3.5 Non-government Researcher **\$25.00**

25.3.7 Jails or Correctional Facilities **\$25.00**

25.3.8 Rescue or Emergency Squads **\$25.00**

25.3.9 Non-government Human Societies **\$25.00**

25.3.10 All Government Agencies or Employees are exempt from fees.

10. Attach check or money order to application. **Total Fees:** _____

11. _____

Signature of Applicant, Managing Partner, or Officer

Title

Date

12. _____

Signature of Consultant Pharmacist

Date