



Office

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**In State
Notification of Interim
Pharmacist-In-Charge (PIC)**

(To be designated for a period not to exceed sixty days. If requesting for any period of time longer than sixty days a written request must be presented to the full Board for review)

Pharmacy Name _____

Pharmacy License # _____

Address of Pharmacy _____

City _____ State _____ Zip _____ Phone# _____

Interim PIC

Name _____

License# _____

Home Phone# _____

Previous Employer:

Outgoing PIC

Name _____

License# _____

Home Phone# _____

New Employer:

An inventory of all controlled substances was taken on: Date _____

As the incoming PIC, I state that I have reviewed my pharmacy's Duties of the PIC and that I have reviewed and fully understand West Virginia Rules §15-1-20. Duties and Responsibilities of the Pharmacist-in-Charge.

Signature of Incoming PIC _____ Date _____

Signature of Outgoing PIC _____ Date _____

*Note: If the departing and incoming P-I-C are unable to conduct the inventory together, a closing inventory shall be conducted by the departing P-I-C and a separate beginning inventory shall be conducted by the incoming P-I-C.

*Note: This Interim P-I-C form must be mailed to the Board office along with detailed explanation of the circumstances which warrant the change. Make a copy of the original permit, on this copy, draw a line through the name of the outgoing PIC, write the name of the Interim PIC in indelible ink upon the copied permit, and put it on your pharmacy wall until the return of the PIC.