

SECTION III (To be completed by the Pharmacist-In-Charge of employer-pharmacy)

I certify that _____, is going to be employed in this pharmacy and undergoing the nuclear pharmacy technician training program (960 hours) as outlined in West Virginia Code of State Rules §15-7-4.

Pharmacist-in-Charge Name (Print): _____

Pharmacist-in-Charge Signature: _____ RP000 _____

Name of Pharmacy: _____ Phone # _____

Address of Pharmacy: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20_____.

Signature: _____ Seal: _____

Notary Public

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE OR REGISTRATION.

SECTION IV **Applications will not be processed if SECTION VII is not completed**

Per Rule §§ 15-7-3 and 15-7-4.3 Applicants whose home state is West Virginia must request a state and national electronic fingerprint-based criminal history record check through the West Virginia State Police process with the results being released to the Board. Please visit the L1 (WVSP's agent) website at www.identogo.com or contact L1 at 1-855-766-7746 to complete the background check. You are responsible for any fees and costs. Applicants whose home state is not West Virginia must contact their state or local law enforcement and inquire about procedures to obtain the required electronic fingerprint background check with the results being released to the West Virginia Board of Pharmacy. Background checks must be completed prior to applying for licensure through the West Virginia Board of Pharmacy. If West Virginia is your home state, a 12 digit TCN number will be assigned to the applicant at completion of fingerprinting appointment. This 12 digit TCN number must be provided below to the West Virginia Board of Pharmacy as proof of completion. Background check results are valid for 12 months.

APPLICANTS 12 Digit TCN number (REQUIRED) _____

NONRESIDENT APPLICANTS: Have you completed a fingerprint background check in your home state with the results being released directly to the West Virginia Board of Pharmacy? (REQUIRED) ___Yes___No State: _____ Date: _____

For West Virginia Board of Pharmacy Use Only:	
Background Check	___Yes; ___No
Date Completed	_____
No History,	___ Passed
Prior History,	___ To Be Reviewed
Per Review,	___Accept; ___Reject