

WEST VIRGINIA BOARD OF PHARMACY

2310 Kanawha Blvd. East

Charleston, West Virginia 25311

APPLICATION FOR RENEWAL AS A REGISTERED PHARMACIST

July 1, 2017 to June 30, 2019

Current Name and Address On File:

Check here if name or address changed
Current name and address if changed:

County: _____ SSN: _____ - _____ - _____ Date of Birth ____/____/____ Gender M F

License#: **RP** _____ Email: _____

Section 10, Article 5, Chapter 30 of the Code of West Virginia requires that every registered pharmacist within this state shall on or before July 1 apply to the State Board of Pharmacy for bi-annual renewal of his or her certificate. Complete the following form; fill in all categories as required, return with the fee of **\$120** payable to the West Virginia Board of Pharmacy. Applications received in the Board Office after June 30 requires payment of a late fee of \$100.00 in addition to your regular renewal fee, to total \$220.00. If you fail to submit your application for renewal by August 31, your authorization will be considered lapsed. If lapsed, you will have to apply for reinstatement using the appropriate reinstatement application.

Current Status (Check One) Active Deceased Suspension Retired

Per WV Code §30-1-20 Anticipated Retirement Date _____

% time working direct patient care services _____ % time working administration _____ (To Total 100%; N/A if Inactive or Retired)

Place of Employment _____

Address _____

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

Work Phone: _____ Home Phone: _____

Please check only one in each category

Pursuant to W. VA Code § 48A-5A-5(c) Each applicant for license must answer the following questions and certify under penalty of false swearing, that these answers are true and correct.

	YES	NO
1. Do you have a child support obligation?	___	___
2. If answer to question 1, above, is yes, are you in arrearage?	___	___
3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support for six (6) months?	___	___
4. Are you the subject of a child support related subpoena or warrant?	___	___

Have you ever been charged or had any disciplinary action taken by any agency or court, federal or state, of a felony or any infraction of pharmacy laws and regulations? Yes No

NOTE: If yes to the above question, you must attach a detailed statement, including description of action taken.

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.

I, _____ do hereby certify, attest, and affirm under penalties of perjury and false swearing, that the information provided herein is true and correct to the best of my knowledge.

Signature

Date

Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30th
 All renewal applications RECEIVED in our office after June 30th will be required to pay a late fee

**2310 Kanawha Blvd. East
 CHARLESTON, WEST VIRGINIA 25311
 CONTINUING EDUCATION FORM**

Reporting Period July 1, 2015 to June 30, 2017

SECTION A: FOR WEST VIRGINIA LICENSEES ACTIVELY PRACTICING IN WEST VIRGINIA AND WEST VIRGINIA LICENSEES IN STATES NOT REQUIRING MANDATORY CONTINUING PHARMACEUTICAL EDUCATION.

PLEASE ATTACH A PRINTOUT OF YOUR HOURS AS RECORDED IN THE CPE MONITOR. FOR HOURS NOT TRACKED IN CPE MONITOR, AND FOR SPECIFIC HOURS REQUIRED (Live/Drug Diversion) , PLEASE INDICATE HERE (PLEASE CHECK BOX BESIDE PROGRAM IF LIVE):

60 MINUTES OF CE PARTICIPATION EQUALS 1 HOUR OF CONTINUING EDUCATION CREDIT. SIX HOURS OF THE 30 REQUIRED HOURS MUST BE LIVE.

Program Name of Number Live CE	Live	Date	Hours	Program Name of Number Consulting Pharmacist CE	Live	Date	Hours
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			
10. Drug Diversion Training and Best Practice Prescribing of Controlled Substances. WV Approved Course # WV _____-_____-_____-Drug Diversion				Waiver: I attest, and affirm that I have not administered or dispensed a controlled substance during the entire previous reporting. _____ Signature			

Unless you affirm that you have not administered or dispensed a controlled substance during the entire previous reporting period, all pharmacists, in-state and out of state still must complete the required 3 hours per reporting period for "Drug Diversion Training and Best Practice Prescribing of Controlled Substances." Please list the information for this course or sign the waiver.

NOTE: IF YOU ARE A CONSULTANT PHARMACIST IN WEST VIRGINIA, REPORT YOUR 6 HOURS IN CONSULTING PRACTICE IN LINES 7-12 ABOVE.

IF YOU HAVE NOT ADMINISTERED OR DISPENSED A CONTROLLED SUBSTANCE DURING THE ENTIRE PREVIOUS REPORTING PERIOD, YOU MAY SIGN THE WAIVER IN PLACE OF ATTENDANCE OF THE REQUIRED 3 HOURS OF "DRUG DIVERSION TRAINING AND BEST PRACTICE PRESCRIBING OF CONTROLLED SUBSTANCES" CPE.

REQUIREMENT 30 HOURS

TOTAL HOURS _____

SECTION B: OUT OF STATE RESIDENT REPORTING: LIVE HOUR REQUIREMENT DOES NOT APPLY.

Drug Diversion Training and Best Practice Prescribing of Controlled Substances. WV Approved Course # WV _____-_____-_____-Drug Diversion	Date	Hours	Waiver: I attest, and affirm that I have not administered or dispensed a controlled substance during the entire previous reporting. _____ Signature

Unless you affirm that you have not administered or dispensed a controlled substance during the entire previous reporting period, all pharmacists, in-state and out of state still must complete the required 3 hours per reporting period for "Drug Diversion Training and Best Practice Prescribing of Controlled Substances." Please list the information for this course or sign the waiver.

WEST VIRGINIA LICENSEES WHO DO NOT RESIDE OR PRACTICE IN WEST VIRGINIA AND WHO HOLD A CURRENT LICENSE IN A STATE REQUIRING MANDATORY PHARMACEUTICAL EDUCATION MUST ATTEST TO THE FOLLOWING STATEMENT:

I declare that I hold a current and valid pharmacist license in the STATE of _____ and that I have met the continuing pharmaceutical education requirements of that state and I do not currently reside or practice in the state of West Virginia. I will notify the West Virginia Board of Pharmacy if I return and commence practice in the State of West Virginia.

I swear or affirm that I have registered with and maintained access to the Controlled Substances Monitoring Program database. _____ Yes _____ No
 If No, by signing below, I swear or affirm that I do not at any time prescribe or dispense any Schedule II-IV controlled substances in or into West Virginia:

 Signature Date

I, _____, HEREBY CERTIFY, ATTEST, AND AFFIRM THE CONTINUING PHARMACEUTICAL EDUCATION INFORMATION LISTED ABOVE IS TRUE AND CORRECT.

_____, RPh License # _____
 Signature Date