West Virginia Board of Pharmacy

2310 Kanawha Blvd. East, Charleston, WV 25311

(304) 558-0558 Fax (304) 558-0572

APPLICATION FOR INITIAL LICENSE AS A REGISTERED INTERN

Name and Home Address: Phone Number (W)_____(H)_____

Birth Date:_____Place of Birth:_____Social Security#:_____

EDUCATION

Pre-Pharmacy College:_____

Address:_____

Hours Completed: _____Semesters: _____Quarters:_____

School of Pharmacy College:_____

Address:_____

Hours Completed: _____Semesters: _____Quarters:_____

***IF you are NOT a U.S. Citizen submit verification allowing you to live/study/work in the U.S.A.

***IF you are a foreign pharmacy graduate submit proof from your country's Board of Pharmacy certifying 500 hours.

***IF you are a foreign pharmacy graduate submit proof from NABP of your successful completion of FPGEC.

Applications must be completed and notarized; a 3x4 inch head and shoulders photograph must be attached.

I have not been convicted, fined or disciplined for drug addiction or violation of liquor or drug laws, nor am I presently charged with any such violations. I have not been convicted of any felony, nor am I presently charged with the commission of a felony. If you have been convicted of such a crime, attach an explanation.

Signature: _____Date:_____

I, _____, understand that the West Virginia Pharmacy Intern license is issued to me for the purpose of obtaining the practical experience required for licensure as a pharmacist and I may only practice pharmacy under the person supervision of a registered pharmacist in a pharmacy with a current permit or with special approval of the Board. I further agree to comply with all federal and state laws, and regulations controlling the distribution of drugs. I hereby certify the above statements are true and correct.

Signature:_____Date:_____

Subscribed and swarn to before me this_____day of _____

Notary Public, in and for the County of:_____ SEAL:_____

I hereby certify that_____, is currently enrolled in

_____School of Pharmacy.

_____ _____

Authorized signature of person certifying enrollment in accredited School of Pharmacy Date

Registered Fee: $15.00 Please submit check or money order