

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

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East

Charleston, WV 25311

APPLICATION FOR LICENSE RENEWAL AS A REGISTERED INTERN

July 1, 2017- June 30, 2018

Current Name and Home Address:

Enter any change of Name and Home Address below this line:

License #: _____

Phone #: _____

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

NOTE: Application must be completed and include a **\$10.00** Registration Renewal Fee payable by **check or money order only**. Applications received in the Board Office after June 30 requires payment of a late fee of \$5.00 in addition to your regular renewal fee, to total \$15.00. If you fail to submit your application for renewal by August 31, your authorization will be considered lapsed.

Please mark which year this renewal represents: Second Year Third Year Fourth Year

Have you ever been convicted by any agency or court, federal or state, of a felony, misdemeanor, or any infraction of pharmacy laws? _____

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

Signature

Date