

### West Virginia Board of Pharmacy

Ph 304 558-0558

2310 Kanawha Blvd. East Charleston WV 25311

Fax 304 558-0572

#### LICENSE RENEWAL FOR IMMUNIZATION PERMIT

(Limited to immunizations permitted by Rule §15-12-2.2, 18 YOA and Over)

Date Pervious Permit Expires \_\_\_\_\_

Check here if name or address change \_\_\_\_\_

Date \_\_\_\_\_

WV Pharmacist License # \_\_\_\_\_

1. Name of Pharmacist \_\_\_\_\_ Lic. Exp Date \_\_\_\_\_

2. Mailing address \_\_\_\_\_ Physical address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

4. Name of pharmacy in which you usually practice \_\_\_\_\_

5. Pharmacy phone \_\_\_\_\_ Fax \_\_\_\_\_ Home Phone \_\_\_\_\_

6. Send proof of APHA (copy of certificate) or other approved training program completion (15-12-3.1.b), proof of current CPR training (copy of CPR card front & back) (15-12-3.1.c), and proof of CPE on immunizations (2 hours/year, 4 total) (15-12-3.1.d). Please visit our website at wvbop.com for any questions regarding WVBOP approved immunization training programs and WVBOP approved CPR training programs.

If you are submitting a RPh renewal with Immunization renewal please attach all documents required for Immunization renewal directly to Immunization Application.

List Immunization based continuing education below or attach proof of completion.

CE Name	Date Completed	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and correct to the best of my knowledge, that I am eligible for certification to be an immunizing pharmacist pursuant to the laws of the State of West Virginia, and that I am aware of my duties and responsibilities according to West Virginia Code Section 30-5-30, and West Virginia Legislative Rule Sections 15-12-1. Et seq.

\_\_\_\_\_  
Pharmacist Signature

If your Pharmacist's License expires in 2018, then you will receive a "1 year" Immunization Permit which will come up for renewal with your Pharmacist License. If your Pharmacist's License expires in 2019, then you will receive a "2 year" Immunization Permit which will come up for renewal with your Pharmacist License. An application for a 1-year permit requires a fee of \$10.00; a 2-year permit requires a fee of \$20.00. All payments must be made by check or money order. Checks and money orders are to be made payable to The West Virginia Board of Pharmacy.