

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 PHARMACY TECHNICIAN
July 1, 2017 to June 30, 2019

Section 10, Article 5, Chapter 30 of the Code of West Virginia requires that every registered pharmacy technician within this state shall on or before July 1 apply to the State Board of Pharmacy for annual renewal of his or her certificate. Complete the following form; fill in all categories as required, return with the fee of \$30 payable to the West Virginia Board of Pharmacy by **check or money order only**. Applications received in the Board Office after June 30 requires payment of a late fee of \$20.00 in addition to your regular renewal fee, to total \$50.00. 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.

1. Since last renewal, have you been convicted of any felony or infraction of pharmacy laws?
 Yes No
2. Since last renewal, have you been subject to discipline or are you currently under investigation for discipline by any Board of Pharmacy or other professional licensing agency in this or any other state or U.S. territory or jurisdiction?
 Yes No

If you answered yes to either of these questions, please attach a brief explanation of the charges/circumstances and the resolution

Please provide proof of your CPhT national certification from PTCB or NHA (EXCPT). If you are not nationally certified, were you registered in West Virginia as a PT on or before June 30, 2014, by completing a pharmacy-based pharmacy technician training program and passing the Technician Examination administered by the Board? Yes No

Name and Address Corrections on lower half: Yes No

Current Name & Address:

Name and Address of your employer below this line:

License #:PT000 _____

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

Phone #(H): _____ Phone #(W): _____

Signature: _____ Date: _____

Name and Address Changes:

Name: _____

Address: _____

