



## *State of West Virginia*

West Virginia Board of Medicine

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### **INSTRUCTIONS FOR** **COLLABORATIVE DRUG THERAPY** **MANAGEMENT PRACTICE** **IN A HOSPITAL SETTING**

West Virginia Legislative Rule 11 CSR 8 (copy enclosed) provides for a medical doctor(s) and pharmacist(s) who are authorized by a hospital's pharmacy and therapeutics or similar committee established within the hospital setting to participate in collaborative drug therapy management practice in the State of West Virginia, in accordance with provisions of this rule.

Attached is an application form which must be completed in full and returned to the Board of Medicine for approval prior to the medical doctor(s) and pharmacist(s) engaging in collaborative drug therapy management practice. Documentation of Board of Pharmacy and/or Board of Osteopathy approval for the pharmacist(s) and/or osteopath(s) must also be attached. A processing fee of \$100 per hospital facility must be included with the application (make the check or money order payable to the West Virginia Board of Medicine). A medical doctor seeking to hold collaborative drug therapy management practice with a pharmacist(s) and/or osteopath(s) must hold an unrestricted, active West Virginia medical license.

No approval will be given until all documentation is received and approved by the Board of Medicine. Once written approval is received from the Board, the collaborative drug therapy management practice is in effect for a two (2) year period from the date of issuance. Modifications may be made in between the two (2) year period of existence of each protocol and may be subject to the \$100 processing fee.

For questions regarding this application process, call the Board Offices at 304.558.2921 x70011, Sheree Thompson, or reach her by e-mail at [Sheree.J.Thompson@WV.gov](mailto:Sheree.J.Thompson@WV.gov).

# West Virginia Board of Medicine

## Application for Collaborative Drug Therapy Management Practice

(Please type or print)

Name of Hospital: \_\_\_\_\_

Name of Hospital Contact Person: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(physical location)

\_\_\_\_\_  
(city) (state) (zip code)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

The following attachments must be included with this application:

- A typewritten alphabetical listing of the names of the pharmacists and physicians, along with their respective license numbers, authorized by the pharmacy and therapeutics committee to participate in collaborative drug therapy management, and approved by the Board of Pharmacy and/or the Board of Osteopathy;
- Copies of the completed certification from each participant;
- A plan for development, training, administration, and quality assurance of the protocol; and
- A detailed written protocol pursuant to which the hospital pharmacist shall base drug therapy management decisions for patients. This protocol must comply with the provisions of 11 CSR 4.6, including c. 1 – 5, and d. through g.

**FEE: \$100 (check or money order payable to):**  
West Virginia Board of Medicine

Reg. No.

BOARD USE ONLY

## **CERTIFICATION**

Each physician and pharmacist participant  
must complete this certification.  
Please make additional copies as needed.

I have reviewed the current copy of Legislative Rule 11 CSR 8 (copy enclosed) governing the Collaborative Pharmacy Practice. I have read and understand Legislative Rule 11 CSR 8 and agree to abide by the Rule.

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Signature of Drug Therapy Management Practice Participant

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Please Print Name

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West Virginia License Number

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Today's Date