

DRUG DISPENSING APPLICATION - WEST VIRGINIA

For Licensees who have been previously authorized to dispense

Legislative Rule 11 CSR 5 pertains to dispensing physicians. Those of you who determine that you will be dispensing physicians must complete this form and return to the Board with the appropriate fee. If more than three (3) locations, you may copy this page and provide the additional locations on the copy. You will be mailed a dispensing registration certificate for each location. You may register for a dispensing certificate using the physical address for each office in the state of West Virginia from which you are dispensing. Post Office Box addresses and Home addresses are not acceptable as dispensing locations.

* For physicians whose last names end in **A-L** there is a \$30 fee for each dispensing location certified for the time period 7/1/2016 through 6/30/2018.

Remember to include the appropriate fee for each location listed where drugs are dispensed.

NAME:

Last	First	Middle	Suffix	WV License Number
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Location 1:

West Virginia Office Address Where Drugs Dispensed			Telephone No.
West Virginia			
City	County	State	Zip

Location 2:

West Virginia Office Address Where Drugs Dispensed			Telephone No.
West Virginia			
City	County	State	Zip

Location 3:

West Virginia Office Address Where Drugs Dispensed			Telephone No.
West Virginia			
City	County	State	Zip

Return to: **West Virginia Board of Medicine**
101 Dee Drive, Suite 103
Charleston, WV 25311

Reg. No. _____
BOARD USE ONLY