Instructions for Reinstating or Reactivating a Pharmacist License

It is unlawful for a person to practice pharmacy with an expired, lapsed, inactive, suspended, or revoked license.

Expired licenses:
Pharmacist licenses expire annually on December 31. **For one year** after a license expires, the pharmacist may renew that license in active status by submitting the renewal form with a statement of compliance with CE requirements and fee payment of the current active renewal fee plus a late fee. The pharmacist may also renew in inactive status during this time by submitting the renewal form and paying the current inactive renewal fee plus the late fee.

Lapsed (Expired status) licenses:
After one year, the license lapses and the pharmacist must then apply for reinstatement and pay the associated fees. To reinstate in active status, the pharmacist must provide original certificates of approved CE credits. Any hours obtained in the current year needed to reinstate may not also be used to meet CE requirements for the current year to renew for the next year. Pharmacists must submit certificates totaling 15 hours of approved CE for the last year that the license was in current active status (the year that the license expired) and for each subsequent year that the license was expired or lapsed up to, but not including, the current year, and up to a maximum of 60 hours. CE certificates must be dated no earlier than the year that the license expired. Please see Guidance Document 110-4 for more information on approved continuing education credits. ***See example below.***

Inactive licenses:
Pharmacists who have a current inactive status and desire to reactivate must apply for reactivation, pay the associated fees, and provide original certificates of 15 hours approved CE obtained for each of the previous years the license has been inactive up to a maximum of 60 hours. Any hours obtained in the current year to reactivate may also not be used to meet CE requirements to renew for the next year. CE certificates must be dated no earlier than the year preceding the year inactive status was taken. Please see Guidance Document 110-4 for more information on approved continuing education credits. ***See example below.***

Suspended/Revoked licenses:
Except for mandatory, summary, or returned check suspensions, pharmacists who have had their licenses suspended or revoked must apply for reinstatement, pay the associated fee, and provide original documentation of 15 hours CE for each year since the license was last in a current active status up to a maximum of 60 hours as described above. Please see Guidance Document 110-4 for more information on approved continuing education credits. ***See example below.***

****Important**** Any pharmacist whose license has expired and lapsed, been inactive, or been suspended or revoked for more than 5 years, must take and pass or provide documentation of previously passing the Uniform Multistate Pharmacy Jurisprudence Examination (UMPJE) before being reinstated. In addition, the pharmacist shall provide acceptable proof of either active pharmacy practice within the past five years as a properly licensed pharmacist in another state or practical experience as a pharmacy intern registered with the board *(you must also complete and submit the pharmacy intern application and fee)* of at least 160 hours within six months immediately before being reinstated.

Example: license expires/goes inactive/is suspended on 12/31/2019 and pharmacist applies for reinstatement on 3/1/2022. Total CE hours needed to reinstate = 15 hours each for 2019, 2020, and 2021 for a total of 45 hours. No hours may be dated prior to 1/1/2019 and any dated 2021 used to reinstate/reactivate may not be used to meet the 2021 requirement to renew for 2022. Please be sure to check Guidance Document 110-4 for the most current requirements for continuing education.

Virginia Department of Health Professions
Board of Pharmacy

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APPLICATION TO REINSTATE OR REACTIVATE A PHARMACIST LICENSE

Reinstatement to (check one) ☐ **Active Status** ☐ **Inactive Status (may not practice in Virginia)**

Number of hours of continuing education needed to reinstate in active status: _____

☐ **Reinstate lapsed license to current active** **$475.00**

☐ **Reinstate lapsed license to current inactive (no practice permitted)** **$395.00**

☐ **Reactivate a current inactive license to current active** **$95.00**

☐ **Reinstate after suspension/revocation** **$750.00**

☐ **Reinstate - returned check suspension** **$_____**

The required fee must accompany the application. Applications will be returned if there is no fee enclosed. Make check payable to the "Treasurer of Virginia". Fees are nonrefundable.

I. GENERAL INFORMATION

Name: Last	First		Middle/Maiden
Street Address (official address of record**)			
City	State	Zip Code	Telephone Number
Street Address (public address**)			
City	State	Zip Code	NABP E-Profile ID Number
Date of Birth	Social Security Number or Virginia DMV Control Number		
Email Address	Pharmacist License Number **0202**		
Name at time license was last current if different from name now. (Attach copy of marriage registration or court order authorizing name change)			

**In accordance with § 54.1-2400.02 of the Code of Virginia, an applicant must provide an official address of record. An applicant may choose to provide a second address for public dissemination, which may be a work address, a post office box, or a home address. If an applicant does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

For Finance and Board use only			**0202**
Date:	**Applicant Number:**	**Receipt Number:**	**Check Number:**
Date issued:		**Reviewed by and date:**	**Scanned by:**

APPLICATION QUESTIONS – NOTE: Attach additional pages if needed as well as any related documents requested. If your response to any of the questions below require you to submit additional documentation, please provide a personal statement explaining the circumstances regarding each response to assist the Board with processing your application.

		YES	NO
1.	Have you obtained the required continuing education hours to reinstate? **If reinstating to an inactive status, check here:** ☐	☐	☐
2.	Have you practiced in Virginia as a pharmacist during the time your license was expired, inactive, lapsed or suspended/revoked? **If yes, state the dates and location of your practice and any written explanation**.	☐	☐
3.	Have you held a pharmacist license in another state or jurisdiction? **If yes, provide state/jurisdiction and license number and status. If the license held in another state is not current active, attach a written explanation, including the years you held the license and why you no longer have the license**:	☐	☐
4.	Have you practiced as a pharmacist in any other state or jurisdiction during the time your license was expired, lapsed or suspended/revoked in Virginia? **If yes, attach a written explanation, including the dates and locations of your practice**	☐	☐
5.	Excluding Virginia, has your pharmacist license ever been voluntarily surrendered, placed on probation, suspended, revoked, or has your practice ever been the subject of any investigation by any licensing authority in any other state or jurisdiction? **If yes, what jurisdiction and date, explain, and attach any official documents related to your case.**	☐	☐
6.	Have you ever been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Exclude traffic violations, except convictions for driving under the influence and reckless driving). **If yes, what jurisdiction and date where charged or convicted, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**	☐	☐
7.	Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? **If yes, provide full explanation including if you have been directed to seek treatment for your conduct or behavior.**	☐	☐
8.	Within the past five years, have you been disciplined by any entity? **If yes, please provide a full explanation and any associated orders or letters from entity.**	☐	☐
9.	Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? **If yes, please provide a full explanation. Note: The Board may ask for additional documentation.**	☐	☐
10.	Are you able to perform the essential functions in your area of practice with or without reasonable accommodation? **If no, please provide a full explanation. Note: The Board may ask for additional documentation.**	☐	☐

		YES	NO
11.	Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? **If yes, please provide a full explanation and any associated orders or letters from the entity. NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider requesting your provider send this documentation directly to the Board.**	☐	☐
12.	Are you a spouse of someone who is on federal active duty orders pursuant to Title 10 of the U. S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?	☐	☐
13.	Are you active duty military?	☐	☐

I do solemnly swear or affirm that the information provided and the statements made on this application are true and correct to the best of my knowledge:

Signature: _____ **Date:** _____