



Virginia Department of
Health Professions
Board of Pharmacy

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Henrico, Virginia 23233
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www.dhp.virginia.gov/pharmacy

Application for Registration as a Pharmacy Intern

Application Fee: \$30.00

The required non-refundable fee must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant - Please provide the information requested below:

Name: Last		First		Middle/Maiden	
Street Address (official address of record**)		City	State	Zip Code	Tel Number
Street Address		City	State	Zip Code	Tel Number
Date of Birth		Social Security Number or Virginia DMV Control Number			
Email Address		NABP E-Profile ID Number – if you do not already have one, visit www.nabp.pharmacy .			
Name and address of the College of Pharmacy		Enrollment Date		Graduation Date or Expected Graduation Date	

**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 public dissemination.

APPLICATION QUESTIONS – NOTE: Attach additional pages if needed, as well as any related documents requested. If your response to any of the questions below requires 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 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 were you 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.	☐	☐
2. 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 a full explanation, including whether you have been directed to seek treatment for your conduct or behavior.	☐	☐

	YES	NO
3. 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.	☐	☐
4. 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.	☐	☐
5. 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.	☐	☐
6. 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 to send this documentation directly to the Board.	☐	☐
7. 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?	☐	☐
8. Are you active duty military?	☐	☐

COLLEGE AFFIDAVIT - * Please disregard if a college affidavit was previously submitted to the Board within the past two years.**

SECTION I (students currently enrolled)

I hereby certify that the above-referenced
applicant is currently enrolled at the _____

(College of Pharmacy)

Expected Date of Graduation: _____

SECTION II (students who have graduated)

I hereby certify that the above-referenced
applicant has graduated from the

(College of Pharmacy)

Total years completed _____

Date Graduation was conferred: _____

Total Number of Practical Experience Hours Obtained: _____
(Total contains both IPPE and APPE hours)

SECTION III – College Seal

SEAL

SECTION IV - Signature

Signature of the Dean or Registrar

Date

SECTION V. AFFIDAVIT OF APPLICANT (The following statement must be signed)

I _____ hereby certify and affirm that the statements contained in this application for
(print name)
Registration as a pharmacy intern in the Commonwealth of Virginia are true and accurate in every respect.

Signature

Date _____