



Virginia Department of
Health Professions
Board of Pharmacy

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Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR MEDICAL EQUIPMENT SUPPLIER PERMIT

Check appropriate box(es):

- | | | | |
|--|--------------------|--|-------|
| ☐ New | \$350 | ☐ Change of Responsible Party | \$125 |
| ☐ Change of Ownership | \$125 | ☐ Change of Location | \$435 |
| ☐ Change of Tradename | No Fee | ☐ Remodel of Facility | \$435 |
| ☐ Reinstatement | Call Board for Fee | | |

If reinstatement, is due to: ☐ Lapse of Permit or ☐ Suspension or Revocation of a Permit

SECTION A – ALL APPLICANTS

Name of Business – If change of name, provide the new legal name

Street Address – If change of location, provide the proposed new physical address

City	State	Zip Code
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Telephone Number	Fax Number	Federal Employment Identification Number (FEIN)
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If a current MES permit is held, indicate permit number 0206-	Email address for correspondence
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(Print) Name of the Responsible Party (RP) (if change of RP, list incoming)	Email address for RP
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Signature of Responsible Party _____ Date _____

By affixing my signature, I attest that the information contained on this application is accurate. Furthermore, I attest that I am physically present at the location designated on the application.

SECTION B – BUSINESS PRACTICES

A Medical Equipment Supplier permit is required to dispense the products listed below to consumers. Provide in the space below, or as an attachment, a brief description of your planned business activities for which you need this registration, including examples of the products you intend to dispense.

Check all that apply:

- ☐ Medical Oxygen
- ☐ Hypodermic Needles and Syringes
- ☐ Sterile Water and Saline for Irrigation
- ☐ Peritoneal Dialysis Solutions
- ☐ Schedule VI controlled substances with no medicinal properties that are used for the operation and cleaning of medical equipment
- ☐ Schedule VI controlled devices ³

Please list

A Schedule VI controlled device is one in which the label should bear the legend "Caution: Federal Law Restricts This Device To Sales By Or On The Order Of A _____." (The blank should be completed with the word "Physician," "Dentist," "Veterinarian," or with the professional designation of any other practitioner licensed to use or order such device.)³

SECTION C – INSPECTION

Contact information to schedule an inspection	Expected Opening, Moving, or Remodel Completion Date	Requested Inspection Date
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A 14-day notice is required for scheduling an inspection. Drugs may not be stocked before inspection and approval. An inspector will call or email before the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the pharmacist should contact the Board at pharmbd@dhp.virginia.gov to inquire.

SECTION D – CHANGE OF OWNERSHIP

Previous Name of Legal Owner
Effective Date of Change of Ownership

SECTION E – NEW MEDICAL EQUIPMENT SUPPLIER PERMIT & CHANGE OF OWNERSHIP

Expected Hours of Operation:		
OWNERSHIP TYPE—check one: Corporation ☐ Partnership ☐ Individual ☐ Other ☐		
Name of ownership entity or individual:		
Street Address:		Phone No.
City:	State :	Zip Code:
State(s) of incorporation:		
List all other trade or business names used by this facility – Attach a separate sheet if needed.		
Name: _____		
Name: _____		

Please list any partner or partners, member or members (owners) and, if a corporation, then the corporate officers and directors - Attach a separate sheet if needed.		
Name: _____	Title: _____	
Mailing Address: _____		
Name: _____	Title: _____	
Mailing Address: _____		