



Virginia Department of
Health Professions
Board of Pharmacy

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APPLICATION FOR A LICENSE TO SELL CONTROLLED SUBSTANCES BY A PRACTITIONER OF THE HEALING ARTS

Check Appropriate Box:

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | New | \$235.00 |
| <input type="checkbox"/> | Reinstatement (current renewal fee + reinstatement fee) ^{1&2} | \$315.00 |
| <input type="checkbox"/> | Reinstatement after suspension or revocation ^{1&2} | \$650.00 |

Application fees are not refundable. Applications are valid for one year from the date of receipt. The required fees must accompany the application. Make check payable to “Treasurer of Virginia”. Applicant—Please provide the information requested below. (Print or Type) Use full name, not initials.

Name of Applicant		Virginia Medical License Number 01	
Street Address of Record to Receive Information regarding License		¹ License Number to Sell Controlled Substances: 0213-	
City	State	Zip Code	Social Security Number or Virginia DMV number
Telephone Number		Fax Number	
Email address for practitioner			
Signature of the Practitioner Applicant			Date
Please read and complete page 2 of this application.			

FOR OFFICE USE ONLY:			
Date Received:	Check No:	Receipt No:	Application No:

Please respond to the following questions:

1. Has your federal registration with the Drug Enforcement Administration been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the order sent to the Board office.
2. Has your medical license ever been voluntarily surrendered to a licensing authority in any jurisdiction, placed on probation, suspended, revoked, or have your prescribing privileges been restricted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and provide a copy of the order or other document of the licensing authority.
3. Is your medical license in all jurisdictions where licensed current and unrestricted. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, attach explanation.
4. 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). 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. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the court order sent to the Board office.
5. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a full explanation. Note: The Board may ask for additional documentation.
6. Are you able to perform the essential functions in your area of practice with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide a full explanation. Note: The Board may ask for additional documentation.
5. Does the location from which you intend to sell controlled substances maintain a current active facility permit for practitioners of the healing arts to sell controlled substances? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, the facility must obtain such permit prior to selling controlled substances from the location. If yes or if the selling location is currently applying for a facility permit, provide the name and address of the selling location: Facility or Selling Location Name: _____ Street Address: _____ City, State, Zip: _____ Area Code and Telephone: _____

² REINSTATEMENT ONLY:

1. Have you engaged in the selling of prescription drugs in Virginia during the time that your license was lapsed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach explanation.
