

Additional Required Information to Submit with A Nonresident Pharmacy Registration Application

New and Reinstatement applications:

This information is required in §54.1-3434.1 of the Drug Control Act and may be accessed on our website www.dhp.virginia.gov/pharmacy. The requested documentation must be submitted with the application.

- A legible copy of the pharmacy's current, unexpired, unrestricted pharmacy permit in its resident state.
- A copy of the current pharmacy inspection report, conducted no more than six months prior to the date of submission of this application, indicating compliance with the Virginia Drug Control Act. For pharmacies performing sterile and non-sterile compounding, the inspection report must indicate compliance with USP-NF standards. For more information review Guidance Document 110-38 and “Criteria for Current Inspection Report” at http://www.dhp.virginia.gov/Pharmacy/pharmacy_forms.htm (Note: Pharmacies sharing the same physical space with an outsourcing facility must perform all compounding in compliance with cGMPs.)
- A copy of the pharmacy’s prescription label displaying the toll-free number.
- If applicable, documentation of digital pharmacy accreditation from the National Association of Boards of Pharmacy or other documentation in accordance with Guidance Document 110-49.

Change of Tradename and Change of Address applications:

- A legible copy of the pharmacy’s current, unexpired, unrestricted pharmacy permit in its resident state that demonstrates the change of name and/or address being requested.

Change of Ownership applications:

- For a change of ownership, A legible copy of the pharmacy’s current, unexpired, unrestricted pharmacy permit in its resident state or an online license verification.

Change of Virginia licensed Pharmacist-In-Charge applications:

- No additional documentation is required to be submitted for a change of Virginia PIC application.

Please do not include this page when sending the application to the Board.



Virginia Department of
Health Professions
Board of Pharmacy

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pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR A NON-RESIDENT PHARMACY REGISTRATION

Check Appropriate Box(es):

New \$350.0 Reinstatement Call Board Change of Tradename No Fee
 Change of Ownership \$65.00 Change of VA PIC No Fee Change of Address No Fee

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".

SECTION 1 - APPLICANT

Name of Pharmacy			Telephone Number	
Street Address			Fax Number	
City	State	Zip Code	Toll Free Number (required)	
Resident State Pharmacy Permit Number	Federal Employer Identification Number (FEIN)	Email address for pharmacy correspondence		
Virginia Non-Resident Pharmacy Registration Number 0214-	**Effective date of change – Use for change of PIC, ownership and tradename:			

Does this pharmacy provide services as a pharmacy benefits administrator? Yes No
(If answer is "no", then a Virginia designated pharmacist-in-charge is required)

SECTION 2 – DESIGNATED VIRGINIA LICENSED PHARMACIST-IN-CHARGE (if applicable)

Print Name: _____	License No.: 0202-
By affixing my signature below, I acknowledge that I am responsible for this pharmacy's compliance with the Virginia Drug Control Act and am fully engaged in the practice of pharmacy at this location.	
Signature: _____	Date: _____
Email: _____	

SECTION 3 – RESIDENT STATE PHARMACIST-IN-CHARGE

Print Name: _____	Resident State Lic. _____
Signature: _____	Date: _____

FOR OFFICE USE ONLY	Check No: _____	Receipt No: _____	Application No: _____
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Virginia Nonresident Pharmacy Registration Application

SECTION 4 – OWNERSHIP - check one: Corporation Partnership Individual Other

Name of ownership entity if different from name of application: _____

Street Address: _____ Phone No. _____

City: _____ State: _____ Zip Code: _____

State(s) of incorporation: _____

List all other trade or business names used by this facility:

Name: _____ Name: _____

Name: _____ Name: _____

Owners/Officers and Address: (may attach a separate sheet if needed)

Name: _____ Title _____

Contact Address: _____

Name: _____ Title _____

Contact Address: _____

SECTION 5 – APPLICATION QUESTIONS:

1. Record of drugs dispensed to patients in Virginia are readily retrievable, or will be readily retrievable, from other prescription records. Yes No

2. All prescriptions filled for Virginia residents will or do currently comply with §54.1-3303 to include a bona fide prescriber-patient relationship (prescribing pursuant to an internet form, completed by the requestor, is usually not sufficient) Yes No

3. Pharmacy reports, or intends to report, all Virginia dispensing of Schedule II-IV controlled substances as required to the Virginia PMP in accordance with §54.1-2521 and related regulations. Yes No

4. Pharmacy dispenses more than 50% of its total prescription volume pursuant to an original prescription order received as a result of solicitation on the Internet, including the solicitation by electronic mail? **If yes, include documentation that the pharmacy has received a digital pharmacy accreditation from the National Association of Boards of Pharmacy.** Yes No

5. Does the pharmacy engage in the compounding of **STERILE** drug products? Yes No

6. Does the pharmacy engage in the compounding of **NON-STERILE** drug products? Yes No

7. Has the pharmacy been inspected by the FDA in the past two years? **If yes, please provide a copy of the inspection report and/or Form 483 and any related facility responses provided to the FDA.** Yes No

8. Does the pharmacy currently or intend to maintain a continuous quality improvement program pursuant to §54.1-3434.1? Yes No

9. Does the pharmacy share or intend to share the same physical space with an outsourcing facility? **If yes, all compounding must be performed in compliance with cGMPs and the facility must also obtain a permit as an outsourcing facility.** Yes No