



Virginia Department of
Health Professions
Board of Pharmacy

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

APPLICATION FOR OUTSOURCING FACILITY PERMIT

Check appropriate box(es):

- | | | | |
|--|--------------------|---|-------|
| ☐ New | \$900 | ☐ Change of Pharmacist-In-Charge | \$125 |
| ☐ Change of Ownership | \$125 | ☐ Change of Location | \$435 |
| ☐ Change of Facility Name | No Fee | ☐ Remodel of Facility | \$435 |
| ☐ Reinstatement | Call Board for Fee | | |

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

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".

The application must include a copy of the facility's current, unexpired, unrestricted FDA registration as an Outsourcing Facility.

SECTION A – ALL APPLICANTS

Name of Outsourcing Facility – If change of name, provide the new legal name

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

City		State VA	Zip Code
Telephone Number	Fax Number	Federal Employment Identification Number (FEIN)	

If a current permit is held, indicate permit number 0235-	Email address for Facility correspondence
(Print) Name of the Pharmacist-In-Charge (PIC)	Virginia Pharmacist License Number of the PIC 0202-

Signature of PIC and date signed

By affixing my signature, I acknowledge that I have read and understood Guidance Document 110-27 and associated information regarding the inspection process. I attest that the information contained on this application is accurate. Furthermore, I attest that I am in full and actual charge of the Outsourcing Facility and am fully engaged in the compounding practice at the location designated on this application.

For Finance and Board use only			0235
Date:	Applicant Number:	Receipt Number:	Check Number:
Date issued:	Reviewed by and date:	Date sent for Inspection:	Scanned by:

SECTION B – NEW OUTSOURCING FACILITY PERMITS AND CHANGE OF PIC

E-mail address for PIC

Has the pharmacist obtained a minimum of two years of experience practicing as a pharmacist in Virginia or another U.S. jurisdiction? If yes, please provide the information below (attach separate sheet if needed): Yes ☐ No ☐

Pharmacy name:

Pharmacy address:

Date range of practice:

Pharmacy name:

Pharmacy address:

Date range of practice:

SECTION C – INSPECTION

Contact information to schedule an inspection

Expected Opening, Moving, or Remodel
Completion Date

Requested Inspection Date

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 OUTSOURCING FACILITY PERMIT & CHANGE OF OWNERSHIP**List of Pharmacists practicing at this facility other than the PIC or attach a separate sheet if needed.**Name: _____ License No. **0202-**_____Name: _____ License No. **0202-**_____Name: _____ License No. **0202-**_____

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: _____

SECTION F - QUESTIONS

Please answer the following questions:

1. Does the facility engage in the compounding of **STERILE** drug products? Yes ☐ No ☐

2. Does the facility engage in the compounding of **NON-STERILE** drug products? Yes ☐ No ☐

3. Does the facility engage in compounding **HAZARDOUS** drugs? Yes ☐ No ☐

3. Does the outsourcing facility dispense compounded drugs pursuant to valid prescriptions? If yes, a pharmacy permit is also required. Outsourcing facilities that share the same space with a pharmacy must perform all compounding in compliance with cGMPs. Yes ☐ No ☐