



Virginia Department of
Health Professions
Board of Pharmacy

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APPLICATION FOR A NON-RESIDENT OUTSOURCING FACILITY REGISTRATION

Check Appropriate Box(es):

☐ New	\$1100.0	☐ Change of Tradename*	No Fee
☐ Change of Ownership	\$65.00	☐ Change of VA PIC*	No Fee
☐ Reinstatement	Call Board	☐ 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".
Additional documentation is not required for change of PIC or change of ownership applications.

SECTION 1: APPLICANT

Name of Outsourcing Facility		Telephone Number	
Street Address		Fax Number	
City		State	Zip Code
Resident State Permit Number(s) to practice as Outsourcing Facility		*Effective Date of Change- for PIC, ownership or tradename change	
FDA Registration Number as Outsourcing Facility	Email Address of Virginia Pharmacist-in-Charge		
Virginia Non-Resident Outsourcing Facility Registration Number, if applicable: 0236-	Virginia Non-Resident Pharmacy Registration Number, if applicable: 0214-		

SECTION 2: Designated Virginia licensed pharmacist-in-charge:

Print Name: _____	License No.: 0202-
By affixing my signature I acknowledge that I am responsible for this outsourcing facility's compliance with the Virginia Drug Control Act and am fully engaged in the compounding performed at the location stated on the application.	
Signature: _____	Date: _____
Email: _____	

For Finance and Board use only

Date:	Applicant Number:	Receipt Number:	Check Number: 0236
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SECTION 3: OWNERSHIP - 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:

Name: _____ Name: _____

Please list any partner or partners, member or members (owners), and, if a corporation, the corporate officers and directors: (may attach a separate sheet if needed)

Name: _____ Title _____

Contact Address: _____

Name: _____ Title _____

Contact Address: _____

SECTION 4: APPLICATION QUESTIONS:

1. Records of drugs to Virginia are readily retrievable, or will be readily retrievable, from other records. Yes ☐ No ☐

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

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

4. Has the outsourcing facility been issued a warning letter by the FDA in the past two years? **If yes, please provide a copy of the warning letter and any related facility responses provided to the FDA.** Yes ☐ No ☐

5. Has the outsourcing facility issued any recalls for compounded drug products within the past 2 years, either voluntary or directed by the FDA? Yes ☐ No ☐

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

SECTION 5 – Additional Required Information

1. A legible copy of this facility's current, unexpired, unrestricted permit(s) in its resident state authorizing the practice as an outsourcing facility.
2. A legible copy of this outsourcing facility's current, unexpired, unrestricted FDA registration.
3. A copy of the current FDA outsourcing facility inspection report, conducted no more than 1 year before the date of submission of this application, in compliance with §54.1-3434.5 of the Virginia Drug Control Act and indicating compliance with current good manufacturing practices (cGMP). Corrective action addressing any identified deficiencies must be submitted with the inspection report, along with any correspondence with a regulatory body regarding the corrective action.
4. A listing of all states in which the outsourcing facility is licensed, including the state license number.