



LIMITED USE PRACTITIONER DISPENSING LICENSE FOR NONPROFIT

This application is to be used for Advanced Practice Registered Nurses or Physician Assistants for the purpose of dispensing Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances solely at a nonprofit facility.

Check Appropriate Box:

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| ☐ New | \$300.00 |
| ☐ Reinstatement (current renewal fee + reinstatement fee) ^{1&2} | \$475.00 |
| ☐ Reinstatement after suspension or revocation ^{1&2} | \$750.00 |

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 Practitioner License Number	
Street Address of Record to Receive Information regarding License			¹ License Number to Sell Controlled Substances (if issued): 02-	
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 Finance and Board use only			0244
Date:	Applicant Number:	Receipt Number:	Check Number:
Date issued:		Reviewed by and date:	Scanned by:

Please respond to the following questions:

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1. 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 ☐ No ☐ If yes, attach a detailed explanation
2. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? Yes ☐ No ☐ If no, attach a detailed explanation
3. Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Yes ☐ No ☐ If yes, attach a detailed explanation
4. Within the past five (5) years, have you been disciplined by any entity? Yes ☐ No ☐ If yes, attach a detailed explanation
5. Within the past five (5) years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? Yes ☐ No ☐ If yes, attach a detailed explanation
6. Has your federal registration with the Drug Enforcement Administration been revoked or suspended? Yes ☐ No ☐ If yes, attach a detailed explanation and have a certified copy of the order sent to the Board office.
7. Has your medical/nursing 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 ☐ No ☐ If yes, attach a detailed explanation and provide a copy of the order or other document of the licensing authority.
8. Is your medical/nursing license in all jurisdictions, where licensed, current and unrestricted? Yes ☐ No ☐ If no, attach explanation.
9. Have you ever been convicted, pled guilty to or pled <i>nolo contendere</i> to a violation of any federal, state, or other drug related law or of any felony or other crime involving moral turpitude? Yes ☐ No ☐ If yes, attach a detailed explanation and have a certified copy of the court order sent to the Board office.
10. Do you practice at a nonprofit facility? Yes ☐ No ☐
11. Does the location from which you intend to sell controlled substances maintain a current active facility permit for Limited Use Facility Dispensing Permit for Nonprofit? Yes ☐ No ☐ If no, the facility must obtain such permit prior to selling controlled substances from the location. Please provide the name and address of the selling location: Facility or Selling Location Name: _____ Street Address: _____ City, State, Zip: _____ Area Code and Telephone: _____
12. Are you a spouse of someone who is on federal active-duty orders pursuant to Title 10 of the U.S. Code or a veteran who has left active-duty service within one (1) year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia? Yes ☐ No ☐
13. Are you active-duty military? Yes ☐ No ☐

² REINSTATEMENTS ONLY:

1. Have you engaged in the selling of prescription drugs in Virginia during the time that your license was lapsed? Yes ☐ No ☐ If yes, attach explanation.
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