



APPLICATION FOR A LIMITED USE FACILITY DISPENSING PERMIT FOR NONPROFIT

This application is to be used solely for Nonprofit facilities 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.

Check Appropriate Box(es):

☐ New, more than one practitioner selling at location	\$700.00	☐ Change of location of selling area	\$435.00
☐ New, only one practitioner selling at location	No fee	☐ Remodel of selling area	\$435.00
☐ Reinstatement	Call Board	☐ Change in designated practitioner	No fee
☐ Reinstatement after suspension or revocation	\$750.00	☐ Change in name of practice	No fee

REINSTATEMENT ONLY:

Have controlled substances been dispensed from the location at the address on this application during the time that the facility permit was lapsed? Yes ☐ No ☐ If yes, attach an explanation.

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 A – ALL APPLICANTS

Name of Facility/Practice		Federal Employment Identification Number (FEIN)	
Street Address Where Applicant Wishes to Sell Controlled Substances		Fax Number	
City	State	Zip Code	
If a current facility permit to dispense is held, indicate the permit number: 0246-		Telephone Number	
Print Name of the Responsible Designated Practitioner for Facility		Virginia PA or APRN License Number	
License Number of the Designated Practitioner (if issued) 0244-	Email Address of the Responsible Designated Practitioner for the Facility		
Signature of the Responsible Designated Practitioner for the Facility		Date	
18 VAC 110-30-70 requires a facility for limited use dispensing permit to designate a practitioner with a license to sell controlled substances, who shall be the primary person responsible for the stock, the required inventory, the records of receipt and destruction, safeguards against diversion, and compliance with the chapter.			
Expected Hours of Operation		Effective Date of Change for designated practitioner (if applicable)	

For Finance and Board use only

Date:			0246
Applicant Number:	Receipt Number:	Check Number:	
Date issued:	Reviewed by and date:	Date sent for inspection:	Scanned by:

SECTION B - 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 C - OWNERSHIPOWNERSHIP 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 practice – 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: _____