



Virginia Department of
Health Professions
Board of Pharmacy

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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". Additional documentation not required for change of PIC or change of ownership applications.

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials				
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)		*Effective Date of Change	
Virginia Non-Resident Pharmacy Registration Number 0214-	Email Address of Pharmacist-in-Charge			
Does this pharmacy provide services as a pharmacy benefits administrator? Yes <input type="checkbox"/> No <input type="checkbox"/> (If answer is "no", then a Virginia designated pharmacist-in-charge is required)				
Designated Virginia licensed pharmacist-in-charge (if applicable)				
Print Name: _____		License No.: 0202-		
By affixing my signature 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: _____		
Resident state pharmacist-in-charge (if not required to have a Virginia licensed PIC)				
Print Name: _____		Resident State Lic. _____		
Signature: _____		Date: _____		
FOR OFFICE USE ONLY: <input type="checkbox"/> No Compounding <input type="checkbox"/> Sterile Compounding <input type="checkbox"/> Non-Sterile Compounding				
Date processed:	Check No:	Receipt No:	Application No:	Scanned to PMP
Date Issued:	Registration Number: 0214-	Reviewed By:	Date Reviewed:	USP or cGMP:

OWNERSHIP TYPE—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 RESIDENCE ADDRESSES, OR LIST IS ATTACHED

Name: _____ Title: _____

Contact Address: _____

Please answer the following:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Record of drugs dispensed to patients in Virginia are readily retrievable from other prescription records. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. All prescriptions filled for Virginia residents will 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Pharmacy reports 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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 certification from the National Association of Boards of Pharmacy as a Verified Internet Pharmacy Practice Site (VIPPS). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Does the pharmacy engage in the compounding of STERILE drug products? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does the pharmacy engage in the compounding of NON-STERILE drug products? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Does the pharmacy maintain a continuous quality improvement program pursuant to §54.1-3434.1? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Does the pharmacy share or intend to share the same physical space with an outsourcing facility? If so, all compounding must be performed in compliance with cGMPs and the facility must also obtain a permit as an outsourcing facility. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

ADDITIONAL REQUIRED INFORMATION: 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.

1. A legible copy of this pharmacy's current, unexpired, unrestricted pharmacy permit in its resident state.
2. 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.)
3. A copy of the label showing the toll-free number

* If the pharmacy is changing trade name or address, the current resident state pharmacy license reflecting the updated information must be submitted with the application.