



Virginia Department of
Health Professions
Board of Pharmacy

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Application for Registration as a Parent/Guardian for Cannabis Oil

Application Fee: \$25.00

The required non-refundable fee must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant - Please provide the information requested below. (Print Legibly or Type)

Name: Last	First	Middle/Maiden		
Street Address	City	State	Zip Code	Tel Number
Date of Birth ____ / ____ / ____		Social Security Number or Virginia DMV Control Number		
Email Address				

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO
1. Are you a parent or legal guardian of a minor or incapacitated adult patient who has received a written certification to possess Cannabis oil? If yes, provide the following information for patient: Patient's Full Name: _____ Social security number or DMV Control number of the patient: _____ Date of birth of the patient (mm/dd/yyyy): _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you reside, either permanently or temporarily, in the Commonwealth of Virginia? Individuals not residing in Virginia, either permanently or temporarily, are ineligible for registration.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had a registration for Cannabis Oil denied, suspended or revoked by the board in the previous six months?	<input type="checkbox"/>	<input type="checkbox"/>
4. By entering my initials, I understand that I must submit proof of my Virginia residency and identity, proof of the patient's residency and identity, proof the patient's age, and a copy of the Cannabis oil written certification (DO NOT SEND THE ORIGINAL DOCUMENTATION)	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Certification: (the following must be signed and dated)

I certify by entering my signature below: I am the person applying for registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Printed Name of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	Date