



Virginia Department of
Health Professions
Board of Pharmacy

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**APPLICATION FOR LICENSURE AS A
PHARMACIST
By Endorsement**

Please submit with a **check or money order** in the amount of **\$235.00** made payable to the **Treasurer of Virginia**. The application fee is not refundable.

PLEASE PRINT - USE BLACK INK

I. GENERAL INFORMATION

Name: Last		First	Middle/Maiden		
Street Address (official address of record**)		City	State	Zip Code	Telephone Number
Street Address		City	State	Zip Code	Telephone Number
Email address			NABP E-Profile ID Number		
Date of Birth ____ / ____ / _____		Social Security Number or Virginia DMV Control Number *			

Student Registration: I have or have held registration with the Virginia Board of Pharmacy as a pharmacy intern. Yes Registration No. 0203 _____ No

* In accordance with § 54.1-2400.02 of the Code of Virginia, an applicant must provide an official address of record. An applicant may choose to provide a second address for public dissemination, which may be a work address, a post office box, or a home address. If an applicant does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

FOR OFFICE USE ONLY

Application Number	Receipt Number	License Number 0202	Date Issued	State
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Pharmacist Application by Endorsement

II. ANSWER THE FOLLOWING QUESTIONS:		YES	NO
1.	Have you ever been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Exclude traffic violations, except convictions for driving under the influence and reckless driving). If yes, what jurisdiction and date where charged or convicted, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you a spouse of someone who is on federal active duty orders pursuant to Title 10 of the U. S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>

III. AFFIDAVIT OF APPLICANT (The following statement must be signed)

I, _____ hereby certify and affirm that the statements contained
(Print Name)
in this application for a pharmacist license in the Commonwealth of Virginia are true and accurate in every respect.

(Signature of applicant)

Date