

Instructions for Reinstating or Reactivating a Pharmacist License

It is unlawful for a person to practice pharmacy with an expired, lapsed, inactive, suspended, or revoked license.

Expired licenses:

Pharmacist licenses expire annually on December 31. **For one year** after a license expires, the pharmacist may renew that license in active status by submitting the renewal form with a statement of compliance with CE requirements and fee payment of the current active renewal fee plus a late fee. The pharmacist may also renew in inactive status during this time by submitting the renewal form and paying the current inactive renewal fee plus the late fee.

Lapsed (Expired status) licenses:

After one year, the license lapses and the pharmacist must then apply for reinstatement and pay the associated fees. To reinstate in active status, the pharmacist must provide original certificates of approved CE credits. Any hours obtained in the current year needed to reinstate may not also be used to meet CE requirements for the current year to renew for the next year. Pharmacists must submit certificates totaling 15 hours approved CE for the last year that the license was in current active status (the year that the license expired) and for each subsequent year that the license was expired or lapsed up to, but not including, the current year, and up to a maximum of 60 hours. CE certificates must be dated no earlier than the year that the license expired. Please see Guidance Document 110-4 for more information on approved continuing education credits. **See example below.*

Inactive licenses:

Pharmacists who have a current inactive status and desire to reactivate must apply for reactivation, pay the associated fees, and provide original certificates of 15 hours approved CE obtained for each of the previous years the license has been inactive up to a maximum of 60 hours. Any hours obtained in the current year to reactivate may not also be used to meet CE requirements to renew for the next year. CE certificates must be dated no earlier than the year preceding the year inactive status was taken. Please see Guidance Document 110-4 for more information on approved continuing education credits. **See example below.*

Suspended/Revoked licenses:

Except for mandatory, summary, or returned check suspensions, pharmacists who have had their licenses suspended or revoked must apply for reinstatement, pay the associated fee, and provide original documentation of 15 hours CE for each year since the license was last in a current active status up to a maximum of 60 hours as described above. Please see Guidance Document 110-4 for more information on approved continuing education credits. **See example below.*

****Important**** Any pharmacist whose license has expired and lapsed, been inactive, or been suspended or revoked for more than 5 years, must take and pass the Virginia Multistate Pharmacy Jurisprudence Examination (MPJE) prior to being reinstated. In addition, the pharmacist shall provide acceptable proof of either active pharmacy practice within the past five years as a properly licensed pharmacist in another state or practical experience as a pharmacy intern registered with the board (*you must also complete and submit pharmacy intern application and fee*) of at least 160 hours within six months immediately prior to being reinstated.

Example: license expires/goes inactive/is suspended on 12/31/2014 and pharmacist applies for reinstatement on 3/1/2017. Total CE hours needed to reinstate = 15 hours each for 2014, 2015, and 2016 for a total of 45 hours. No hours may be dated prior to 1/1/2014 and any dated 2017 used to reinstate/reactivate may not be used to meet the 2017 requirement to renew for 2018. Please be sure to check Guidance Document 110-4 for the most current requirements for continuing education.

Pharmacist Reinstatement or Reactivate Application



Virginia Department of
Health Professions
Board of Pharmacy

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APPLICATION TO REINSTATE OR REACTIVATE A PHARMACIST LICENSE

Reinstatement to (check one) Active Status Inactive Status (may not practice in Virginia)

Number of hours of continuing education needed to reinstate in active status: _____

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Reinstatement - returned check suspension | \$ _____ | <input type="checkbox"/> Reinstatement - suspension/revocation | \$650.00 |
| <input type="checkbox"/> Reinstatement - returned check suspension | \$ _____ | <input type="checkbox"/> Reinstatement - suspension/revocation | \$650.00 |
| <input type="checkbox"/> Reinstatement - returned check suspension | \$ _____ | <input type="checkbox"/> Reinstatement - suspension/revocation | \$650.00 |
| <input type="checkbox"/> Reinstatement - returned check suspension | \$ _____ | <input type="checkbox"/> Reinstatement - suspension/revocation | \$650.00 |

Required fee must accompany the application. Make check payable to "Treasurer of Virginia".
Fees are nonrefundable.

I. GENERAL INFORMATION

Name: Last		First	Middle/Maiden
Street Address (official address of record**)			
City	State	Zip Code	Telephone Number
Street Address (public address**)			
City	State	Zip Code	NABP E-Profile ID Number
Date of Birth	Social Security Number or Virginia DMV Control Number		
Email Address	Pharmacist License Number 0202		
Name at time license was last current if different from name now. (Attach copy of marriage registration or court order authorizing name change)			

**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

License Number 0202 _____	Date of last current active status	Total CE submitted	Approved	Date reinstated
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Pharmacist Reinstatement or Reactivate Application

II. ANSWER THE FOLLOWING QUESTIONS: Attach additional page if needed as well as any related documents		
	YES	NO
1. Have you obtained the required continuing education hours to reinstate? If reinstating to an inactive status, check here: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you practiced in Virginia as a pharmacist during the time your license was expired, lapsed or suspended/revoked? If yes, state the dates and location of your practice and any written explanation: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you held a pharmacist license in another state or jurisdiction? If yes, provide state/jurisdiction and license number and status. If the license held in another state is not current active, attach a written explanation, including the years you held the license and why you no longer have the license: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you practiced as a pharmacist in any other state or jurisdiction during the time your license was expired, lapsed or suspended/revoked in Virginia? If yes, attach a written explanation, including the dates and locations of your practice : _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Excluding Virginia, has your pharmacist license ever been voluntarily surrendered, placed on probation, suspended, revoked, or has your practice ever been the subject of any investigation by any licensing authority in any other state or jurisdiction? If yes, what jurisdiction and date, explain, and attach any official documents related to your case. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of, pled <i>nolo contendere</i> to, or have charges pending of any felony, or any crime involving moral turpitude, or a violation of any federal, state, or local drug law? 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. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? If yes, provide full explanation including if you have been directed to seek treatment for your conduct or behavior. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past five years, have you been disciplined by any entity? If yes, please provide a full explanation and any associated orders or letters from entity. _____	<input type="checkbox"/>	<input type="checkbox"/>

Pharmacist Reinstatement or Reactivate Application

	YES	NO
<p>9. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist? If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider requesting your provider send this documentation directly to the Board.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. 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?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Are you active duty military?</p>	<input type="checkbox"/>	<input type="checkbox"/>

I do solemnly swear or affirm that the information provided and the statements made on this application are true and correct to the best of my knowledge:

Signature: _____ **Date:** _____