



Virginia Department of
Health Professions
Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR APPROVAL OF A REPACKAGING TRAINING PROGRAM

(Program is applicable to allowances for a community service board, behavioral health authority, or program of all-inclusive care for the elderly as authorized in § 54.1-3420.2)

I hereby make application for approval of a **Repackaging Training Program** in the Commonwealth of Virginia. The following evidence of qualifications is submitted with a **check or money order** in the amount of **\$65.00** made payable to the **Treasurer of Virginia**. The application fee is not refundable.

INSTRUCTIONS

PLEASE TYPE OR PRINT

USE BLACK INK

1. Applicants must complete all sections.
2. Completed application and fee must be mailed to the above address.

I. GENERAL INFORMATION

Name of Program

Name of Program Director:

Name of Institution or Business: (If applicable)

Street Address

City

State

Zip Code

Mailing Address (if different) Street

City

State

Zip Code

Email

Telephone Number

II. INSTRUCTOR INFORMATION

Instructors for the program shall be either (i) a pharmacist with a current license in any jurisdiction and who is not currently suspended or revoked in any jurisdiction in the United States; or (ii) a pharmacy technician with at least one year of experience performing technician tasks who holds a current registration in Virginia or current PTCB certification and who is not currently suspended or revoked in any jurisdiction in the United States. The program director shall maintain a list of instructors for the program.

Provide as an attachment, a complete list of instructors that will provide the training. Include name, license or registration number, if applicable, and state whether the instructor is a pharmacist or pharmacy technician. Provide documentation as appropriate.

FOR OFFICE USE ONLY

Application Number

Program Number

Date Issued

Other

02_____ P

02_____

III. DESCRIPTION OF TRAINING PROGRAM

Provide as an attachment, an outline and brief description of the program’s curriculum which shall include:

1. Instruction in current laws and regulations applicable to a community service board or behavioral health authority for the purpose of assisting a client with self-administration pursuant to §54.1-3420.2;
2. Selection of an appropriate container;
3. Proper preparation of a container in accordance with instructions for administration;
4. Selection of the drug;
5. Counting of the drug;
6. Repackaging of the drug within the selected container;
7. Maintenance of records;
8. Proper storage of drugs;
9. Translation of medical abbreviations;
10. Review of administration records and prescriber's orders for the purpose of identifying any changes in dosage administration;
11. Reporting and recording the client's failure to take medication;
12. Identification, separation and removal of expired or discontinued drugs;
13. Prevention and reporting of repackaging errors; and
14. Post-training assessment to demonstrate the knowledge and skills necessary for repackaging with safety and accuracy.

IV. LENGTH OF PROGRAM: _____ (hours)

The length of the program shall be sufficient to prepare a program participant to competently perform repackaging consistent with §54.1-3420.2 and 18 VAC 110-20-725.

V. PROGRAM DIRECTOR’S STATEMENT (The following statement must be signed)

I, _____ hereby certify and affirm that the statements

contained in this application for approval of a repackaging training program in the Commonwealth of Virginia are true and accurate in every respect. I acknowledge that the program shall provide a certificate of completion to participants who successfully complete the program and provide verification of completion of the program for a participant upon request by a CSB or BHA or by the board; maintain and retain, for two years from date of completion of training or termination of the program, records of training completion by persons authorized to repackage in accordance with §54.1-3420.2; and report within 14 days any substantive change in the program to include a change in program name, program director, name of institution or business if applicable, address, program content, length of program, or location of records. Further, I acknowledge that the program approval expires after two years, after which the program may apply for renewal.

Signature of the Program Director

Date