



APPLICATION FOR A CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Check Appropriate Box(es):

<input type="checkbox"/> New	\$90.00	<input type="checkbox"/> Change to Drug Schedule	No Fee
<input type="checkbox"/> Change of Ownership	\$50.00	<input type="checkbox"/> Change of Trade Name	No Fee
<input type="checkbox"/> Change of Location	\$150.00	<input type="checkbox"/> Change of Responsible Party	No Fee
<input type="checkbox"/> Remodel	\$150.00	<input type="checkbox"/> Change of Supervising Practitioner	No Fee
<input type="checkbox"/> Reinstatement	_____	<input type="checkbox"/> Re-inspection	\$150.00

**Application fees are not refundable. Applications are valid for one year from the date of receipt.
Send the original application to the Board. The required fees must accompany the application.
Make check payable to "Treasurer of Virginia".**

Type of Activity—		<input type="checkbox"/> Alternate Delivery Site ¹	<input type="checkbox"/> Ambulatory Surgery Center ¹	<input type="checkbox"/> Analytic Laboratory ²
Check only one:		<input type="checkbox"/> Animal Shelter or Pound ¹	<input type="checkbox"/> Drug Dispensing Device	<input type="checkbox"/> EMS Agency ¹
<input type="checkbox"/> Government Official ²	<input type="checkbox"/> Hospital ¹	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Naloxone Dispensing ^{1&4}	
<input type="checkbox"/> Out-patient Clinic ¹	<input type="checkbox"/> Teaching Institute ²	<input type="checkbox"/> Telemedicine ^{1&5}	<input type="checkbox"/> Third Party Logistics Provider	
<input type="checkbox"/> Researcher ²	<input type="checkbox"/> Warehouser	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Other ^{1 or 2}	
Name of Entity			Controlled Substance Schedules Requested: <input type="checkbox"/> I ³ <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Street Address			Telephone Number	Fax Number
City			State	Zip Code
Name of Responsible Party			Email Address of Responsible Party	
Type of Professional License to administer drugs (if applicable)	Professional License Number of Responsible Party (if applicable)		VA Controlled Substance Number of entity (if applicable) 0220-	
Signature of Responsible Party			Date	
Name of Supervising Practitioner (if applicable) ¹			Area Code and Telephone Number	
Street Address of Supervising Practitioner			Professional License Number	
City	State	Zip Code	DEA Number of Supervising Practitioner ⁴	
Signature of Supervising Practitioner			Date	
Expected Opening Date			Requested Inspection Date ⁵	

IMPORTANT: Please complete page 2 of this application and review footnotes on page 3

Controlled Substances Registration Application

Ownership Type				<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
Name of ownership entity if different from name on application:							
Street Address:					Phone Number:		
City:			State:		Zip Code:		
States of Incorporation:							

List all other trade or business names used by this facility:	
Name:	
Name:	

LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES, OR LIST IS ATTACHED <input type="checkbox"/>	
Name:	Title:
Contact Address:	
Name:	Title:
Contact Address:	
Name:	Title:
Contact Address:	

FOOTNOTES

- 1. Entities applying under this activity code must submit a description of the processes/business practices for which this registration is being sought, and must have a supervising practitioner as follows:**
 A practitioner licensed in Virginia shall provide supervision for all aspects of practice related to the maintenance and use of controlled substances as follows:
 - In a hospital without an in-house pharmacy, a pharmacist shall supervise.
 - In an emergency medical services agency, the operational medical director shall supervise
 - In an animal shelter or pound, a licensed veterinarian shall supervise
 - For any other person or entity approved by the board, a practitioner of pharmacy, medicine, osteopathy, podiatry, dentistry, or veterinary medicine whose scope of practice is consistent with the practice of the person or entity and who is approved by the board shall provide the required supervision.**If supervising practitioner is a pharmacist, give DEA number of the provider pharmacy supplying drugs.**
- 2. Persons applying under this activity code must submit, with the application, a protocol which specifically names the controlled substances to be used and provides details as to the intended use of these controlled substances within the work. Additionally, persons applying under this activity code must provide documentation showing competence (curriculum vitae, educational credentials, professional licensure, training documentation) to use the controlled substances within the scope of this activity.**
- 3. Schedule I must be approved by DEA prior to Board approval. A copy of the DEA license must be sent to the Board in order for the Virginia controlled substance registration to be updated to reflect Schedule I.**
- 4. Naloxone dispensing – the responsible party shall be a prescriber, nurse, pharmacist, or other person authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to dispense naloxone for opioid overdose reversal.**
- 5. Telemedicine – the responsible party shall be a prescriber, nurse, pharmacist, or other person who is authorized by provisions of § 54.1-3408 of the Code of Virginia to administer controlled substances**

A 14-day notice is required for scheduling an opening or change of location inspection. An inspector will call the responsible party prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at (804) 367-4691 to verify the inspection date with the inspector.

FOR OFFICE USE ONLY

I II III IV V VI DEA Approval for Schedule I received (DEA Number):

Date Processed:	Check No:	Receipt No:	Application No:
Date Inspected:	Date Reviewed::	Reviewed By:	<input type="checkbox"/> Issue CSR
CSR Number: 0220 -	Date Issued:	Issued By:	Date Scanned to Enforcement: