

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 licenses:

After one year, the license lapses and the pharmacist must then apply for reinstatement, pay the current active renewal fee of \$90 plus the reinstatement fee of \$210 for a total of \$300, or if the pharmacist wants to take inactive status, pay the current inactive renewal fee of \$45 plus the reinstatement fee of \$210 for a total of \$255. 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. **See example below.*

Inactive licenses:

Pharmacists who have a current inactive status and desire to reactivate must apply for reactivation, pay the \$45 difference between the active and inactive renewal 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. **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 a \$500 reinstatement 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. **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 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]

Pharmacist Reinstatement or Reactivate Application



Virginia Department of
Health Professions
Board of Pharmacy

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www.dhp.virginia.gov/pharmacy

**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—lapsed license | \$300.00 | <input type="checkbox"/> Reinstatement—lapsed license as inactive | \$255.00 |
| <input type="checkbox"/> Reactivate a current inactive license | \$45.00 | <input type="checkbox"/> Reinstatement--suspension/revocation | \$500.00 |
| <input type="checkbox"/> Reinstatement—returned check suspension | \$ _____ | | |

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

INSTRUCTIONS

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

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
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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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. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?</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:** _____