



COMMONWEALTH OF VIRGINIA

Board of Pharmacy

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Henrico, Virginia 23233
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APPLICATION FOR A LICENSE TO SELL CONTROLLED SUBSTANCES BY A PRACTITIONER OF THE HEALING ARTS

Check Appropriate Box:

<input type="checkbox"/> New	\$180.00
<input type="checkbox"/> Reinstatement ^{1&2}	\$150.00
<input type="checkbox"/> Reinstatement after suspension or revocation ^{1&2}	\$500.00

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

Applicant—Please provide the information requested below. (Print or Type) Use full name, not initials.

Name of Medical Practitioner Applicant		Medical License Number	
Street Address		¹ Board of Pharmacy License Number to Sell Controlled Substances: 0213-	
City	State	Zip Code	Social Security Number (or Virginia DMV number) ³
Area Code and Telephone Number		Area Code and Fax Number	
Signature of the Practitioner Applicant		Date	
Email Address for Practitioner			

Please read and complete page 2 of this application.

FOR OFFICE USE ONLY:				
Date Processed:	Check No:	Receipt No:	Application No:	Date Scanned to Enforcement:
Date Issued:	Registration Number 02-	Reviewed By:	Date Reviewed:	Date Scanned to MLO:

Please respond to the following questions:

1. Has your federal registration with the Drug Enforcement Administration been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the order sent to the Board office.
2. Has your medical license ever been voluntarily surrendered to a licensing authority in any jurisdiction, placed on probation, suspended, revoked, or have your prescribing privileges been restricted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and provide a copy of the order or other document of the licensing authority.
3. Is your medical license in all jurisdictions where licensed current and unrestricted. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, attach explanation.
4. Have you ever been convicted, pled guilty to or pled <i>nolo contendere</i> to a violation of any federal, state, or other drug related law or of any felony or other crime involving moral turpitude? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the court order sent to the Board office.
5. Does the location from which you intend to sell controlled substances maintain a current active facility permit for practitioners of the healing arts to sell controlled substances? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, the facility must obtain such permit prior to selling controlled substances from the location.

² REINSTATEMENT ONLY:

1. Have you engaged in the selling of prescription drugs in Virginia during the time that your license was lapsed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach explanation.
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³In accordance with § 54.1-116 of the Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.** In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.