



# COMMONWEALTH OF VIRGINIA

## Board of Pharmacy

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### APPLICATION FOR A NON-RESIDENT OUTSOURCING FACILITY REGISTRATION

Check Appropriate Box(es):

- New \$270.0       Reinstatement \_\_\_\_\_       Change of Tradename\* No Fee  
 Change of Ownership \$50.00       Change of VA PIC\* No Fee       Change of Address\* No Fee

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 Outsourcing Facility		Area Code and Telephone Number
Street Address		Area Code and Fax Number
City	State	Zip Code
Resident State Permit Number(s) to practice as Outsourcing Facility	*Effective Date of Change	
FDA Registration Number as Outsourcing Facility	Email Address of Pharmacist-in-Charge	
Virginia Non-Resident Pharmacy Registration Number, if applicable		

Designated Virginia licensed pharmacist-in-charge:

Print Name: \_\_\_\_\_ License No.: 0202-  
 By affixing my signature I acknowledge that I am responsible for this outsourcing facility's compliance with the Virginia Drug Control Act and am fully engaged in the compounding performed at the location stated on the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:     Sterile Compounding     Non-Sterile Compounding

Date processed:	Check No:	Receipt No:	Application No:	Date Scanned to MLO:
Date Issued:	Registration Number 02	Reviewed By:	Date Reviewed:	USP or cGMP:

OWNERSHIP TYPE—check one: Corporation  Partnership  Individual  Other

Name of ownership entity if different from name of application: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State(s) of incorporation: \_\_\_\_\_

List all other trade or business names used by this facility

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES, OR LIST IS ATTACHED**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Please answer the following questions:

1. Does the outsourcing facility engage in the **HIGH-RISK** compounding of sterile drug products? Yes  No
2. Does the outsourcing facility engage in the **MEDIUM-RISK** compounding of sterile drug products? Yes  No
3. Does the outsourcing facility engage in the **LOW-RISK** compounding of sterile drug products? Yes  No
4. Does the outsourcing facility engage in the compounding of **NON-STERILE** drug products? Yes  No
5. Does the outsourcing facility dispense compounded drugs pursuant to valid prescriptions? If yes, a non-resident pharmacy registration is also required. Outsourcing facilities which share the same space with a pharmacy must perform all compounding in compliance with cGMPs. Yes  No

**ADDITIONAL REQUIRED INFORMATION: The requested documentation must be submitted with the application in order to grant registration as a non-resident outsourcing facility.**

1. A legible copy of this facility's current, unexpired, unrestricted permit(s) in its resident state authorizing the practice as an outsourcing facility.
2. A legible copy of this outsourcing facility's current, unexpired, unrestricted FDA registration.
3. A copy of the current outsourcing facility inspection report, conducted no more than 1 year prior to the date of submission of this application, in compliance with §54.1-3434.5 of the Virginia Drug Control Act and indicating compliance with current good manufacturing practices (cGMPs). Corrective action addressing any identified deficiencies must be submitted with the inspection report, along with any correspondence with a regulatory body regarding the corrective action.

\* If the outsourcing facility is changing trade name or address, the current resident state license for the outsourcing facility reflecting the updated information must be submitted with the application.