



Virginia Department of  
**Health Professions**  
Board of Pharmacy

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## 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 **\$50.00** 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

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**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