



# COMMONWEALTH OF VIRGINIA

## Board of Pharmacy

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233

[www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy)

(804) 367-4456 (Tel)

(804) 527-4472 (Fax)

pharmbd@dhp.virginia.gov (email)

### APPLICATION FOR A PHARMACY PERMIT

Check Appropriate Box(es):

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> New <sup>3</sup>                       | \$270.00 | <input type="checkbox"/> Change of Pharmacist-In-Charge <sup>2</sup>   | \$50.00  |
| <input type="checkbox"/> Change of Ownership <sup>2</sup>       | \$50.00  | <input type="checkbox"/> Change of Location <sup>3</sup>               | \$150.00 |
| <input type="checkbox"/> Change of Pharmacy Name <sup>2</sup>   | No Fee   | <input type="checkbox"/> Remodeling of Prescription Dept. <sup>3</sup> | \$150.00 |
| <input type="checkbox"/> Reinstatement <sup>1, possibly 3</sup> | _____    |  |          |

<sup>1</sup> If reinstatement, due to:  Lapse of Permit or  Suspension or Revocation of a Permit

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 Pharmacy		Area Code and Telephone Number	
Street Address		Area Code and Fax Number	
City	State	Zip Code	
If a current pharmacy permit is held, indicate the permit number <b>0201-</b>		Area Code and Telephone Number (currently working number)	
(Print) Name of the Pharmacist-In-Charge (PIC) (if change of PIC, list incoming)		License Number of the PIC <b>0202-</b>	
		Effective Date of Change (if change of PIC, date assuming role as PIC) <sup>2</sup>	
Signature of the Pharmacist-In-Charge (PIC) (if change of PIC, incoming signature)- By affixing my signature I acknowledge that I have read and understood guidance document 110-27 and associated information regarding the inspection process.		Date	Email Address of Pharmacist-in-Charge
Expected Hours of Operation	Expected Opening, Moving, or Completion Date	Requested Inspection Date <sup>3</sup>	

<sup>3</sup> A 14-day notice is required for scheduling an opening or change of location inspection. Drugs may not be stocked prior to inspection and approval. An inspector will call 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:

Date processed:		Check No:		Receipt No:		Application No:	
Assigned Inspection Date <sup>3</sup> :		Date Inspected:		Reviewed By:		Date Reviewed:	
Date Issued:		Permit Number 0201-		USP or cGMP:		Date Scanned to Enforcement:	
						Date Scanned to MLO:	

OWNERSHIP TYPE—check one: Corporation <input type="checkbox"/>				Partnership <input type="checkbox"/>		Individual <input type="checkbox"/>		Other <input type="checkbox"/>	
Name of ownership entity if different from name of application:									
Street Address:						Phone No.			
City:			State:			Zip Code:			
State(s) of incorporation:									

<b>List all other trade or business names used by this facility</b>	
Name: _____	Name: _____
Name: _____	Name: _____

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

<b>LIST OF PHARMACISTS PRACTICING AT THIS PHARMACY OTHER THAN PIC OR LIST IS ATTACHED <input type="checkbox"/></b>	
Name: _____	License No. <b>0202-</b> _____
Name: _____	License No. <b>0202-</b> _____
Name: _____	License No. <b>0202-</b> _____

<b>Please answer the following questions:</b>	
1. Does the pharmacy engage in the <b>HIGH-RISK</b> compounding of sterile drug products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the pharmacy engage in the <b>MEDIUM-RISK</b> compounding of sterile drug products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the pharmacy engage in the <b>LOW-RISK</b> compounding of sterile drug products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the pharmacy engage in the compounding of <b>NON-STERILE</b> drug products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the pharmacy share or intend to share the same physical space with an outsourcing facility? If so, all compounding must be performed in compliance with cGMPs and the facility must also obtain a permit as an outsourcing facility.	Yes <input type="checkbox"/> No <input type="checkbox"/>