



Virginia Department of
Health Professions
Board of Pharmacy

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www.dhp.virginia.gov/pharmacy

APPLICATION FOR A RE-INSPECTION OF FACILITY

Check Appropriate Box(es):

| | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Pharmacy | \$150.00 | <input type="checkbox"/> Non-Restricted Manufacturer | \$150.00 |
| <input type="checkbox"/> Physician Selling Drugs Location | \$150.00 | <input type="checkbox"/> Restricted Manufacturer | \$150.00 |
| <input type="checkbox"/> Warehouse | \$150.00 | <input type="checkbox"/> Wholesale Distributor | \$150.00 |
| <input type="checkbox"/> Medical Equipment Supplier | \$150.00 | <input type="checkbox"/> Third Party Logistics Provider | \$150.00 |
| <input type="checkbox"/> Controlled Substance Registration | \$150.00 | <input type="checkbox"/> Outsourcing Facility | \$150.00 |

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". Please provide the information requested below. Send ORIGINAL application to the Board for processing.

Please provide the information requested below.

Name of Facility

Street Address

Area Code and Telephone Number

City

State

Zip Code

Current Facility License. If Pending licensure, check box here:

Requested Re-inspection Date¹

02 _____

¹ A 14-day notice is required for scheduling a re-inspection. 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 applicant/licensee should contact the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

FOR BOARD USE ONLY

| | | | | |
|-----------------|---------------|-----------------|---------------------|---------------------------|
| Date Processed: | Check Number: | Receipt Number: | Application Number: | Date Sent to Enforcement: |
|-----------------|---------------|-----------------|---------------------|---------------------------|