



PATIENT, PARENT, OR LEGAL GUARDIAN REPORTING REQUIREMENTS FOR A REGISTERED PATIENT FOR CBD/THC-A OIL

As required by 18VAC110-60-70 B of the Regulations Governing Pharmaceutical Processors, a patient, parent, or legal guardian registered with the Board of Pharmacy for the use of cannabidiol oil or THC-A oil, must notify the Board when there is a change in the patient’s information previously provided to the Board of Pharmacy. This information must be provided to the Board within 15 days of the change occurrence.

- A \$25 fee must accompany this application. Make check payable to “Treasurer of Virginia”. Application fees are not refundable.
- Proof of residency must be submitted with this application (ex. Government-issued identification card or tax receipt)
- Applications are valid for one year from the date of receipt.
- ORIGINAL application must be sent to the Board for processing.

Please complete the following information and place a check in the box next to new information:

Date change(s) became effective: _____

<input type="checkbox"/> Name of registered patient:			Patient’s registration number:	
<input type="checkbox"/> *Street address of registered patient:				
<input type="checkbox"/> City:	<input type="checkbox"/> State:	<input type="checkbox"/> Zip Code:	<input type="checkbox"/> Social Security Number or Virginia DMV number:	
<input type="checkbox"/> Phone:		<input type="checkbox"/> Email Address:		
Has there been a change in medical status of the patient? If yes, please describe briefly:				

FOR OFFICE USE ONLY:				
Date Processed:	Patient Registration Number:	Reviewed By:	Date Reviewed:	Date Sent to PMP:

<input type="checkbox"/> Name of Certifying Practitioner:	<input type="checkbox"/> Telephone Number:	
<input type="checkbox"/> Street Address:		
<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> Zip Code