



COMMONWEALTH OF VIRGINIA

Board of Pharmacy

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Henrico, Virginia 23233
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APPLICATION FOR A CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Check Appropriate Box(es):

- | | | | |
|--|----------|---|--------|
| <input type="checkbox"/> New | \$90.00 | <input type="checkbox"/> Change to Drug Schedule | No Fee |
| <input type="checkbox"/> Change of Ownership | \$50.00 | <input type="checkbox"/> Change of Trade Name | No Fee |
| <input type="checkbox"/> Change of Location | \$150.00 | <input type="checkbox"/> Change of Responsible Party | No Fee |
| <input type="checkbox"/> Remodel | \$150.00 | <input type="checkbox"/> Change of Supervising Practitioner | No Fee |
| <input type="checkbox"/> Reinstatement | | | |

The application fee is not refundable.

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials

Type of Activity—		<input type="checkbox"/> Alternate Delivery Site ^{1&6}	<input type="checkbox"/> Ambulatory Surgery Center ¹	<input type="checkbox"/> Analytic Laboratory ²
Check only one:		<input type="checkbox"/> Animal Shelter or Pound ¹	<input type="checkbox"/> EMS Agency ¹	<input type="checkbox"/> Government Official ²
<input type="checkbox"/> Hospital ¹	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Out-patient Clinic ¹	<input type="checkbox"/> Researcher ²	
<input type="checkbox"/> Teaching Institute ²	<input type="checkbox"/> Warehouser	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Other ^{1 or 2}	
Name of Entity			Controlled Substance Schedules Requested: <input type="checkbox"/> I ³ <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Street Address			Telephone Number ()	Fax Number ()
City			State	Zip Code
Name of Responsible Party			Email Address of Responsible Party	
Type of Professional License to administer drugs (if applicable)		Professional License Number of Responsible Party (if applicable)		VA Controlled Substance Number of entity (if applicable)
Signature of Responsible Party			Date	
Name of Supervising Practitioner (if applicable) ¹			Area Code and Telephone Number	
Street Address of Supervising Practitioner			Professional License Number	
City	State	Zip Code	DEA Number of Supervising Practitioner ⁴	
Signature of Supervising Practitioner			Date	
Expected Opening Date			Requested Inspection Date ⁵	
Assigned Inspection Date ⁵ :			(For Board Use Only)	

IMPORTANT: Please Read and complete page 2 of this application

Controlled Substances Registration Application, Page 2

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: _____

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

Name: _____ Title: _____

Contact Address: _____

Name: _____ Title: _____

Contact Address: _____

AREA BELOW FOR OFFICE USE ONLY

Application Number Assigned	Date Processed	Date Issued	CSRC Number
If reinstatement, date registration expired:		Reinstatement is following the:	
		<input type="checkbox"/> Lapse of registration <input type="checkbox"/> Suspension/Revocation <input type="checkbox"/> Period of inactivity	
Approved for Controlled Substance Schedules:			
<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> DEA Approval for Schedule I received (DEA Number): _____			

1. Entities applying under this activity code must submit a description of the processes/business practices for which this registration is being sought, and must have a supervising practitioner as follows:

A practitioner licensed in Virginia shall provide supervision for all aspects of practice related to the maintenance and use of controlled substances as follows:

- In a hospital without an in-house pharmacy, a pharmacist shall supervise.
- In an emergency medical services agency, the operational medical director shall supervise
- In an animal shelter or pound, a licensed veterinarian shall supervise
- For any other person or entity approved by the board, a practitioner of pharmacy, medicine, osteopathy, podiatry, dentistry, or veterinary medicine whose scope of practice is consistent with the practice of the person or entity and who is approved by the board shall provide the required supervision.

2. Persons applying under this activity code must submit, with the application, a protocol which specifically names the controlled substances to be used and provides details as to the intended use of these controlled substances within the work. Additionally, persons applying under this activity code must provide documentation showing competence (curriculum vitae, educational credentials, professional licensure, training documentation) to use the controlled substances within the scope of this activity.

3. Schedule I must be approved by DEA prior to Board approval. A copy of the DEA license must be sent to the Board in order for the Virginia controlled substance registration to be updated to reflect Schedule I.

4. If supervising practitioner is a pharmacist, give DEA number of the provider pharmacy supplying drugs.

5. A 14-day notice is required for scheduling an opening or change of location inspection.

An inspector will call the responsible party 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.