Instructions for Reinstating or Reactivating a Pharmacist License

It is unlawful for a person to practice pharmacy with an expired, lapsed, inactive, suspended, or revoked license.

Expired licenses:
Pharmacist licenses expire annually on December 31. For one year after a license expires, the pharmacist may renew that license in active status by submitting the renewal form with a statement of compliance with CE requirements and fee payment of the current active renewal fee plus a late fee. The pharmacist may also renew in inactive status during this time by submitting the renewal form and paying the current inactive renewal fee plus the late fee.

Lapsed licenses:
After one year, the license lapses and the pharmacist must then apply for reinstatement, pay the current active renewal fee of $90 plus the reinstatement fee of $210 for a total of $300, or if the pharmacist wants to take inactive status, pay the current inactive renewal fee of $45 plus the reinstatement fee of $210 for a total of $255. To reinstate in active status, the pharmacist must provide original certificates of approved CE credits. Any hours obtained in the current year needed to reinstate may not also be used to meet CE requirements for the current year to renew for the next year. Pharmacists must submit certificates totaling 15 hours approved CE for the last year that the license was in current active status (the year that the license expired) and for each subsequent year that the license was expired or lapsed up to, but not including, the current year, and up to a maximum of 60 hours. CE certificates must be dated no earlier than the year that the license expired. *See example below.

Inactive licenses:
Pharmacists who have a current inactive status and desire to reactivate must apply for reactivation, pay the $45 difference between the active and inactive renewal fees, and provide original certificates of 15 hours approved CE obtained for each of the previous years the license has been inactive up to a maximum of 60 hours. Any hours obtained in the current year to reactivate may not also be used to meet CE requirements to renew for the next year. CE certificates must be dated no earlier than the year preceding the year inactive status was taken. *See example below.

Suspended/Revoked licenses:
Except for mandatory, summary, or returned check suspensions, pharmacists who have had their licenses suspended or revoked must apply for reinstatement, pay a $500 reinstatement fee, and provide original documentation of 15 hours CE for each year since the license was last in a current active status up to a maximum of 60 hours as described above. *See example below.

**Important** Any pharmacist whose license has expired and lapsed, been inactive, or been suspended or revoked for more than 5 years, must take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) prior to being reinstated. In addition, the pharmacist shall provide acceptable proof of either active pharmacy practice within the past five years as a properly licensed pharmacist in another state or practical experience as a pharmacy intern registered with the board (you must also complete and submit pharmacy intern application and fee) of at least 160 hours within six months immediately prior to being reinstated.

[Example: license expires/goes inactive/is suspended on 12/31/2014 and pharmacist applies for reinstatement on 3/1/2017. Total CE hours needed to reinstate = 15 hours each for 2014, 2015, and 2016 for a total of 45 hours. No hours may be dated prior to 1/1/2014 and any dated 2017 used to reinstate/reactivate may not be used to meet the 2017 requirement to renew for 2018]
APPLICATION TO REINSTATE OR REACTIVATE A PHARMACIST LICENSE

Reinstatement to (check one)  □ Active Status    □ Inactive Status (may not practice in Virginia)

Number of hours of continuing education needed to reinstate in active status:  ____________

☐ Reinstatement—lapsed license  $300.00    ☐ Reinstatement—lapsed license as inactive  $255.00
☐ Reactivate a current inactive license  $45.00    ☐ Reinstatement—suspension/revocation  $500.00
☐ Reinstatement—returned check suspension  $ ____________

The required fee must accompany the application. Make check payable to “Treasurer of Virginia”.

INSTRUCTIONS

1. Applicants must complete all sections.
2. Completed application and fee must be mailed to the above address.

I. GENERAL INFORMATION

Name: Last  First  Middle/Maiden

Street Address (official address of record**)  City  State  Zip Code  Telephone Number

Street Address  City  State  Zip Code  Telephone Number

Date of Birth  Social Security Number or Virginia DMV Control Number

_____ ____ / ____ ____ / ____ ____ ____ __________

Email Address  Pharmacist License Number  0202_______________________

Name at time license was last current if different from name now. (Attach copy of marriage registration or court order authorizing name change)

**In accordance with § 54.1-2400.02 of the Code of Virginia, an applicant must provide an official address of record. An applicant may choose to provide a second address for public dissemination, which may be a work address, a post office box, or a home address. If an applicant does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

FOR OFFICE USE ONLY

License Number  Date of last current active status  Total CE submitted  Approved  Date reinstated

0202_______________________
### Pharmacist Reinstatement or Reactivate Application

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you obtained the required continuing education hours to reinstate?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>If reinstating to an inactive status, check here:</td>
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<tr>
<td>2. Have you practiced in Virginia as a pharmacist during the time your license was expired, lapsed or suspended/revoked?</td>
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<td>If yes, state the dates and location of your practice and any written explanation:</td>
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<td>3. Have you held a pharmacist license in another state or jurisdiction?</td>
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<td>☐</td>
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<td>If yes, provide state/jurisdiction and license number and status. If the license held in another state is not current active, attach a written explanation, including the years you held the license and why you no longer have the license:</td>
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<td>4. Have you practiced as a pharmacist in any other state or jurisdiction during the time your license was expired, lapsed or suspended/revoked in Virginia?</td>
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<tr>
<td>If yes, attach a written explanation, including the dates and locations of your practice:</td>
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<tr>
<td>5. Excluding Virginia, has your pharmacist license ever been voluntarily surrendered, placed on probation, suspended, revoked, or has your practice ever been the subject of any investigation by any licensing authority in any other state or jurisdiction?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>If yes, what jurisdiction and date, explain, and attach any official documents related to your case:</td>
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<tr>
<td>6. Have you ever been convicted of, pled nolo contendere to, or have charges pending of any felony, or any crime involving moral turpitude, or a violation of any federal, state, or local drug law?</td>
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<td>☐</td>
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<tr>
<td>If yes, what jurisdiction and date where charged or convicted, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions:</td>
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<tr>
<td>7. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?</td>
<td>☐</td>
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<tr>
<td>If yes, provide full explanation including if you have been directed to seek treatment for your conduct or behavior:</td>
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<td>8. Within the past five years, have you been disciplined by any entity?</td>
<td>☐</td>
<td>☐</td>
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<td>If yes, please provide a full explanation and any associated orders or letters from entity:</td>
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revised 4/2018
9. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. **If yes, please provide a full explanation.** NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.

10. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. **If yes, please provide a full explanation.**

11. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. **If yes, please provide a full explanation.**

12. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? **If yes, please provide a full explanation and any associated orders or letters from the entity.** NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider requesting your provider send this documentation directly to the Board.

13. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?

14. Are you active duty military?

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**I do solemnly swear or affirm that the information provided and the statements made on this application are true and correct to the best of my knowledge:**

**Signature:** ____________________ **Date:** ____________________