



APPLICATION FOR A FACILITY PERMIT FOR PRACTITIONER(S) OF THE HEALING ARTS TO SELL CONTROLLED SUBSTANCES

Check Appropriate Box(es):

- | | | | |
|-------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|----------|
| <input type="checkbox"/> New, more than one practitioner selling at location ¹ | \$315.00 | <input type="checkbox"/> Change of location of selling area ¹ | \$300.00 |
| <input type="checkbox"/> New, only one practitioner selling at location ¹ | No fee | <input type="checkbox"/> Remodel of selling area ¹ | \$300.00 |
| <input type="checkbox"/> Reinstatement ³ | Call Board | <input type="checkbox"/> Change in designated practitioner ² | No fee |
| <input type="checkbox"/> Reinstatement after suspension or revocation | \$650.00 | <input type="checkbox"/> Change in name of practice | No fee |

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".

Name of Facility/Practice			
Street Address Where Applicant Wishes to Sell Controlled Substances		Fax Number	
City	State	Zip Code	
If a current facility permit to sell controlled substances is held, indicate the permit number: 0224-		Telephone Number (currently working number)	
Print Name of the Responsible Designated Practitioner for Facility ²		Medical License Number ² 0101-	
License Number of the Designated Practitioner 0213-	Email Address of Responsible Designated Practitioner for Facility		
Signature of the Responsible Designated Practitioner for Facility ²			Date
Expected Hours of Operation	Effective Date of Change for designated practitioner (if applicable)		
Expected Opening, Moving, or Completion Date (if applicable)		Requested Inspection Date (if applicable)	

REINSTATEMENT ONLY³:

Have controlled substances been sold from the location at the address on this application during the time that the facility permit was lapsed? Yes No If yes, attach explanation.

¹A 14-day notice is required for scheduling an inspection.

Drugs may not be stocked prior to inspection and approval of the drug selling and storage area.

²18 VAC 110-30-70 requires a facility with a permit for practitioners of the healing arts to sell controlled substances to designate a practitioner with a license to sell controlled substances who shall be the primary person responsible for the stock, the required inventory, the records of receipt and destruction, safeguards against diversion and compliance with the chapter.

³Reinstatement fee is determined by the Board based on the length of time the license has been lapsed unless reinstatement after suspension or revocation.

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:
Date Issued:	Permit Number 0224-	Reviewed/Issued by:	Date Sent to PMP: