



Virginia Department of
Health Professions
Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

LIMITED USE PRACTITIONER DISPENSING LICENSE FOR NONPROFIT

This application is to be used for Nurse Practitioners or Physician Assistants for the purpose of dispensing Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances solely at a nonprofit facility.

Check Appropriate Box:

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | New | \$235.00 |
| <input type="checkbox"/> | Reinstatement (current renewal fee + reinstatement fee) ^{1&2} | \$325.00 |
| <input type="checkbox"/> | Reinstatement after suspension or revocation ^{1&2} | \$650.00 |

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

Name of Applicant			Virginia License Number	
Street Address of Record to Receive Information regarding License			¹ License Number to Sell Controlled Substances (if issued): 02-	
City	State	Zip Code	Social Security Number or Virginia DMV number	
Telephone Number			Fax Number	
Email address for practitioner				
Signature of the Practitioner Applicant				Date
Please read and complete page 2 of this application.				

FOR OFFICE USE ONLY:			
Date Processed:	Check No:	Receipt No:	Application No:
Date Issued:	License Number 02-	Reviewed By:	Date Reviewed:

Please respond to the following questions:

1. Has your federal registration with the Drug Enforcement Administration been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the order sent to the Board office.
2. Has your medical/nursing license ever been voluntarily surrendered to a licensing authority in any jurisdiction, placed on probation, suspended, revoked, or have your prescribing privileges been restricted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and provide a copy of the order or other document of the licensing authority.
3. Is your medical/nursing license in all jurisdictions, where licensed, current and unrestricted? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, attach explanation.
4. Have you ever been convicted, pled guilty to or pled <i>nolo contendere</i> to a violation of any federal, state, or other drug related law or of any felony or other crime involving moral turpitude? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the court order sent to the Board office.
5. Do you practice at a nonprofit facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does the location from which you intend to sell controlled substances maintain a current active facility permit for Limited Use Facility Dispensing Permit for Nonprofit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, the facility must obtain such permit prior to selling controlled substances from the location. Please provide the name and address of the selling location: Facility or Selling Location Name: _____ Street Address: _____ City, State, Zip: _____ Area Code and Telephone: _____

² REINSTATEMENT ONLY:

1. Have you engaged in the selling of prescription drugs in Virginia during the time that your license was lapsed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach explanation.
--