



COMMONWEALTH OF VIRGINIA

Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/pharmacy

(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov (email)

APPLICATION FOR A CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Check Appropriate Box(es):

- | | | | |
|--|----------|---|--------|
| <input checked="" 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. Send original application and fee to the Board.

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	<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"/> Drug Dispensing Device	<input type="checkbox"/> EMS Agency ¹
<input type="checkbox"/> Government Official ²	<input type="checkbox"/> Hospital ¹	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Naloxone Dispensing ^{1&4}	
<input type="checkbox"/> Out-patient Clinic ¹	<input type="checkbox"/> Teaching Institute ²	<input type="checkbox"/> Teleprescribing ^{1&5}	<input checked="" type="checkbox"/> Researcher ²	
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Other ^{1 or 2}		
Name of Entity VCU Department of _____			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 Researcher Street Address (where substances will be stored) AND Box No. (to assure receipt of registration)			Telephone Number () Researcher Phone	Fax Number () Researcher Fax
City Richmond			State VA	Zip Code 23219
Name of Responsible Party Researcher Name		Email Address of Responsible Party Researcher Email		
Type of Professional License to administer drugs (if applicable) Respond	Professional License Number of Responsible Party (if applicable) Respond	VA Controlled Substance Number of entity (if applicable) 0220- Respond		
Signature of Responsible Party Sign			Date Date of Signature	
Name of Supervising Practitioner (if applicable) ¹ Leave Blank			Area Code and Telephone Number Leave Blank	
Street Address of Supervising Practitioner Leave Blank			Professional License Number Leave Blank	
City Leave Blank	State Leave Blank	Zip Code Leave Blank	DEA Number of Supervising Practitioner ⁴ Leave Blank	
Signature of Supervising Practitioner			Date	
Expected Opening Date Enter Date		Requested Inspection Date ⁵ Enter Date		
IMPORTANT: Please review footnotes and complete page 2 of this application				

Ownership Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other			
Name of ownership entity if different from name on application: Virginia Commonwealth University			
Street Address: 800 East Leigh Street, Suite 3000		Phone Number: (804) 827-0479	
City: Richmond	State: VA	Zip Code: 23219	
States 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 <input type="checkbox"/>			
Name: Francis Macrina		Title: Vice President for Research and Innovation	
Contact Address: 800 East Leigh Street, Suite 3000, Richmond, VA 23219			
Name: Susan Robb		Title: Sr. Assoc. VP for Research Admin. & Comp.	
Contact Address: 800 East Leigh Street, Suite 3000, Richmond, VA 23219			
FOOTNOTES			
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 <u>supervising practitioner</u> 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: <ul style="list-style-type: none"> • 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. If supervising practitioner is a pharmacist, give DEA number of the provider pharmacy supplying drugs.			
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. Naloxone dispensing – the responsible party shall be a person authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone and to dispense naloxone for opioid overdose reversal. Must provide documentation.			
5. Teleprescribing – the responsible party shall be a prescriber, nurse, pharmacist, or other person who is authorized by provisions of § 54.1-3408 of the Code of Virginia to administer controlled substances			
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.			
FOR OFFICE USE ONLY			
<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):			
Date Processed:	Check No:	Receipt No:	Application No:
Date Inspected:	Date Reviewed::	Reviewed By:	<input type="checkbox"/> Issue CSR
CSR Number: 0220 -	Date Issued:	Issued By:	Date Scanned to Enforcement: