



# COMMONWEALTH OF VIRGINIA

## Board of Pharmacy

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

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(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.

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

<b>Type of Activity—</b>		<input type="checkbox"/> Alternate Delivery Site <sup>1&amp;6</sup>	<input type="checkbox"/> Ambulatory Surgery Center <sup>1</sup>	<input type="checkbox"/> Analytic Laboratory <sup>2</sup>
<b>Check <u>only one</u>:</b>		<input type="checkbox"/> Animal Shelter or Pound <sup>1</sup>	<input type="checkbox"/> EMS Agency <sup>1</sup>	<input type="checkbox"/> Government Official <sup>2</sup>
<input type="checkbox"/> Hospital <sup>1</sup>	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Out-patient Clinic <sup>1</sup>	<input checked="" type="checkbox"/> Researcher <sup>2</sup>	
<input type="checkbox"/> Teaching Institute <sup>2</sup>	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Other <sup>1 or 2</sup>	
Name of Entity <b>VCU Department of _____</b>			Controlled Substance Schedules Requested: <input type="checkbox"/> I <sup>3</sup> <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Street Address <b>Researcher Street Address (where substances will be stored)</b>			Telephone Number ( ) <b>Researcher Phone</b>	Fax Number ( ) <b>Researcher Fax</b>
City <b>Richmond</b>			State <b>VA</b>	Zip Code <b>23219</b>
Name of Responsible Party <b>Researcher Name</b>		Email Address of Responsible Party <b>Researcher E-mail</b>		
Type of Professional License to administer drugs (if applicable) <b>Respond</b>	Professional License Number of Responsible Party (if applicable) <b>Respond</b>	VA Controlled Substance Number of entity (if applicable) <b>Respond</b>		
Signature of Responsible Party <b>Sign</b>			Date	
Name of Supervising Practitioner (if applicable) <sup>1</sup> <b>Leave Blank</b>			Area Code and Telephone Number <b>Leave Blank</b>	
Street Address of Supervising Practitioner <b>Leave Blank</b>			Professional License Number <b>Leave Blank</b>	
City <b>Leave Blank</b>	State <b>Leave Blank</b>	Zip Code <b>Leave Blank</b>	DEA Number of Supervising Practitioner <sup>4</sup> <b>Leave Blank</b>	
Signature of Supervising Practitioner			Date	
Expected Opening Date <b>Enter Date</b>		Requested Inspection Date <sup>5</sup> <b>Enter Date</b>		
Assigned Inspection Date <sup>5</sup> :			(For Board Use Only)	
<b>IMPORTANT: Please Read and complete page 2 of this application</b>				

**Controlled Substances Registration Application, Page 2**

OWNERSHIP TYPE—check one: Corporation  Partnership  Individual  Other

Name of ownership entity if different from name of application: Virginia Commonwealth University

Street Address: 800 East Leigh Street, Suite 3000 Phone No. (804) 827-0479

City: Richmond State: VA Zip Code: 23219

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: Francis Macrina Title: Vice President for Research  
 Contact Address: 800 East Leigh Street, Suite 3000 Richmond, VA 23219

Name: Susan Robb Title: Assoc. VP for Research Admin. & Comp.  
 Contact Address: 800 East Leigh Street, Suite 3000 Richmond, VA 23219

**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): _____			

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