



Virginia Department of  
**Health Professions**  
Board of Pharmacy

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Henrico, Virginia 23233  
(804) 367-4456 (Tel)  
(804) 527-4472 (Fax)  
[pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy)

## APPLICATION FOR A CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Check Appropriate Box(es):

- |   |                    |   |        |
|---|--------------------|---|--------|
| <input checked="" type="checkbox"/> <b>New*</b> | \$120.00           | <input type="checkbox"/> Change to Drug Schedule            | No Fee |
| <input type="checkbox"/> Change of Ownership    | \$65.00            | <input type="checkbox"/> Change of Trade Name               | No Fee |
| <input type="checkbox"/> Change of Location     | \$300.00           | <input type="checkbox"/> Change of Responsible Party        | No Fee |
| <input type="checkbox"/> Remodel                | \$300.00           | <input type="checkbox"/> Change of Supervising Practitioner | No Fee |
| <input type="checkbox"/> Reinstatement          | Call board for fee |   |        |

Application fees are not refundable. Applications are valid for one year from the date of receipt.  
The required fees must accompany the application. If “No Fee”, application may be sent electronically to  
[pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov). Make check payable to “Treasurer of Virginia”.

<b>Type of Activity</b>	<input type="checkbox"/> Alternate Delivery Site <sup>1</sup>	<input type="checkbox"/> Ambulatory Surgery Center <sup>1</sup>	<input type="checkbox"/> Analytic Laboratory <sup>2</sup>
	<input type="checkbox"/> Animal Shelter or Pound <sup>1</sup>	<input type="checkbox"/> Drug Dispensing Device	<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"/> Naloxone Dispensing <sup>4</sup> <i>*No fees for this type of activity</i>
<input type="checkbox"/> Out-patient Clinic <sup>1</sup>	<input type="checkbox"/> Teaching Institute <sup>2</sup>	<input type="checkbox"/> Telemedicine <sup>1&amp;5</sup>	<input type="checkbox"/> Third Party Logistics Provider
<input checked="" type="checkbox"/> <b>Researcher</b> <sup>2</sup>	<input type="checkbox"/> Warehouser	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Other <sup>1 or 2</sup>
Name of Entity <b>UVA Department of _____</b>		Telephone Number <b>Researcher's number</b>	Controlled Substance Schedules Requested: <i>select what is needed</i> <input type="checkbox"/> I <sup>3</sup> <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> V <input checked="" type="checkbox"/> VI <input type="checkbox"/> Marijuana/THC
Street Address <b>Research street address, building &amp; room where the substances are securely stored</b>		Fax Number	
City <b>Charlottesville</b>	State <b>VA</b>	Zip Code <b>2290__</b>	VA CSR number (if applicable) <b>0220- Leave Blank</b>
<b>RESPONSIBLE PARTY INFORMATION:</b>			
Name of Responsible Party <b>Researcher Name</b>		Email Address of Responsible Party <b>Researcher Email</b>	
Type of Professional License to administer drugs (if applicable) <b>NONE - research</b>		Professional License Number of Responsible Party (if applicable) <b>NONE - research</b>	
Signature of Responsible Party <b>Researcher signs here</b>		Date <b>Date of Application</b>	Telephone Number <b>Researcher's number</b>
<b>SUPERVISING PRACTITIONER INFORMATION:</b>			
Name of Supervising Practitioner (if applicable) <sup>1</sup> <b>Leave Blank</b>		Email Address of Supervising Practitioner <b>Leave Blank</b>	
Street Address <b>Leave Blank</b>		Telephone Number <b>Leave Blank</b>	
City <b>Leave Blank</b>	State <b>Leave Blank</b>	Zip Code <b>Leave Blank</b>	Professional License Number <b>Leave Blank</b>
Signature of Supervising Practitioner <b>Leave Blank</b>		Date <b>Leave Blank</b>	DEA Number of Supervising Practitioner <sup>1</sup> <b>Leave Blank</b>

**Controlled Substances Registration Application**

<b>INSPECTION INFORMATION:</b>	
Expected Opening Date <b>Date the Researcher will be ready for the inspection</b>	Requested Inspection Date <b>Date the Researcher will be ready for the inspection</b>
An inspection is not required for naloxone dispensing, telemedicine, or for EMS agencies obtaining a CSR for solely the purpose of one-to-one exchange of Schedule VI drugs in accordance with 18VAC110-20-500 (B).	

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: <b>University of Virginia - Office of Vice President for Research</b>				
Street Address: <b>Varsity Hall, 136 Hospital Drive</b>			Phone Number: <b>434.924.3502</b>	
City: <b>Charlottesville</b>	State: <b>VA</b>		Zip Code: <b>22098</b>	
States of Incorporation: <b>Leave Blank</b>				

<b>List all other trade or business names used by this facility:</b>
Name: <b>Leave Blank</b>
Name: <b>Leave Blank</b>

<b>LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES, OR LIST IS ATTACHED</b> <input type="checkbox"/>	
Name: <b>David J. Hudson</b>	Title: <b>Sr. Assoc. VP for Research</b>
Contact Address: <b>Varsity Hall, 136 Hospital Drive, Charlottesville, VA 22908</b>	
Name: <b>Frederick H. Epstein</b>	Title: <b>VP for Research</b>
Contact Address: <b>Varsity Hall, 136 Hospital Drive, Charlottesville, VA 22908</b>	
Name: <b>Leave Blank</b>	Title: <b>Leave Blank</b>
Contact Address: <b>Leave Blank</b>	

**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 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.
 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) to use the controlled substances within the scope of this activity. Registration is required to perform laboratory analysis with controlled substances in Schedules II through VI, tetrahydrocannabinol, or marijuana.
3. Practitioners registered under federal law to conduct research with Schedule I substances, other than tetrahydrocannabinol, may conduct research with Schedule I substances within this Commonwealth upon furnishing the evidence of that federal registration. 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 – Submit a description of the process/business practices for which this registration is being sought. The responsible party shall be a prescriber, nurse, pharmacist, or other person authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of injectable naloxone and proper disposal of a hypodermic needle or syringe. No inspection is required for this type of CSR. Note: a controlled substance registration is not required for the dispensing of intranasal or auto injector formulations of naloxone.
5. Telemedicine – 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. No inspection is required for this type of CSR.

**A 14-day notice is required for scheduling an 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**

I  II  III  IV  V  VI  Marijuana/THC  DEA Approval for Schedule I received (DEA Number):

<b>Date Processed:</b>	<b>Check No:</b>	<b>Receipt No:</b>	<b>Application No:</b>
<b>Date sent to Enforcement:</b>	<b>Date Reviewed/Issued:</b>	<b>Reviewed/Issued By:</b>	<b>0220-</b>