COMMONWEALTH OF VIRGINIA
Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Third Floor **(804) 367-4456 (Tel)**
Henrico, Virginia 23233 **(804) 527-4472(Fax)**

Tentative Agenda of Full Board Meeting
March 17, 2026
9AM

TOPIC	**PAGES**
Call to Order of Full Board Meeting: Larry Kocot, JD, Chairman	
• Welcome & Introductions	
• Approval of Agenda	
Approval of Previous Board Meeting Minutes:	
• Full Board Meeting, December 10, 2025	**3-14**
• Public Hearing for Placing Chemicals into Schedule I, December 10, 2025	**15-16**
• Formal Hearing, December 10, 2025	**17-19**
• Innovative Pilot Program, January 20, 2026	**20-21**
• Formal Hearing, January 21, 2026	**22-24**
• Ad Hoc Committee on Health Data, January 21, 2026	**25-28**
• Telephone Conference Call, February 10, 2026	**29-30**
• Ad Hoc Committee on Outreach and Communications, February 10, 2026	**31-34**
Call for Public Comment: The Board will receive public comment at this time. The Board will not receive comment on any regulation process for which a public comment period has closed or any pending disciplinary matters.	
DHP Director's Report: David Brown, DC	
Legislative/Regulatory/Guidance:	
• Legislative update - Erin Barrett, JD	**Handout**
• Chart of regulatory actions - Erin Barrett, JD	**35-37**
• Closure of periodic reviews – Erin Barrett, JD	**38-47**
• Amend 18VAC110-20-275 - Erin Barrett, JD/Caroline Juran, RPh	**48-53**
• Amend Guidance Document 110-9 - Erin Barrett, JD/Caroline Juran, RPh	**54-72**
• Reports from Ad Hoc Committees:	
o Health Data – Shannon Dowdy, PharmD	**25-28**
o Communications and Outreach – Patricia Richards-Spruill, RPh	**31-34**
Old Business:	
• Transition to UMPJE – Caroline Juran, RPh	**Verbal**
New Business:	
• Communications presentation, Kelly A. Smith, Director of Communications, DHP	**Presentation**
• 2025 Pharmacist and Pharmacy Technician Healthcare Workforce Survey Reports, Barbara Hodgon, PhD, Deputy Director, HWDC / Yetty Shobo, PhD, Director, HWDC	**73-132**
• Hosting 2027 NABP/AACP District 1 & 2 Meeting – Caroline Juran/Derek Webb, PharmD	**Verbal**

Reports:

- Chairman's Report – Larry Kocot, JD **Verbal**
- Report on Licensure Program – Ryan Logan, RPh **133-140**
- Report on Inspection Program – Beth O'Halloran, RPh **141-143**
- Report on Disciplinary Program – Ellen B. Shinaberry, PharmD **144-154**
- Executive Director's Report – Caroline D. Juran, RPh **155**

Consideration of consent orders, summary suspensions, summary restrictions, or settlements, if any.

Adjourn

****The Board will have a working lunch at approximately 12pm and convene an ad hoc committee meeting on bylaws at 1pm or following the adjournment of the full board meeting, whichever is later. ****

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF FULL BOARD MEETING

Wednesday, December 10, 2025

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:	A full board meeting was called to order at 9:04AM.
PRESIDING:	**Larry Kocot**, JD, Chairman
MEMBERS PRESENT:	**Shannon Dowdy**, PharmD, Vice Chairman **Kelly Hasty Kale**, RPh **Wendy Nash**, PharmD **Tim Robertson**, RPh **Derek Webb**, PharmD **Michelle Hoffer Wilgus**, JD
MEMBERS ABSENT:	**Kristopher Ratliff**, DPh **Patricia Richards-Spruill**, RPh **Ling Yuan**, PharmD
STAFF PRESENT:	**Erin Barrett**, DHP Director of Legislative and Regulatory Affairs **Sorayah Haden**, Executive Assistant **Caroline Juran**, RPh, Executive Director **Ryan Logan**, RPh, Deputy Executive Director **Beth O'Halloran**, RPh, Deputy Executive Director **Arne Owens**, DHP Agency Director **James Rutkowski**, JD, Senior Assistant Attorney General
PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:	Wendy C. Nash, PharmD - 0202006209
QUORUM:	With 7 members present, a quorum was established.
APPROVAL OF AGENDA:	The agenda was adopted as presented.
APPROVAL OF PREVIOUS BOARD MEETING	Amendments were offered to the draft minutes included in the agenda packet.

MINUTES:

MOTION: **The Board voted unanimously to adopt the minutes for the meetings held between September 30, 2025 and November 18, 2025 as presented and amended as follows:**

- **In the final minutes of the Formal Hearing held on October 21, 2025, amend the decision regarding Michael S. Miller to state "deny the reinstatement of Mr. Miller's pharmacist license and continue the indefinite suspension of his license for not less than three years." (Kocot)**
- **In the final minutes of the Possible Summary Suspension Presentation held on November 18, 2025, amend the decision regarding Morgan Patricio to state "Upon a motion by Ms. Kale…" (Kale) (motion by Robertson, seconded by Webb)**

PUBLIC COMMENT: Jamie Fisher, Executive Director of the Virginia Pharmacy Association (VPhA), expressed appreciation for the board's continued work within the pharmacy industry. VPhA was grateful for Mr. Ryan Logan's presentation at the recent Lunch and Learn workshop regarding pharmacy technician workforce challenges. Ms. Fisher announced upcoming events hosted by VPhA.

Karen Winslow, PharmD, on behalf of VPhA, expressed appreciation for the board's service and Mr. Ryan Logan's recent participation at the Lunch and Learn webinar. Among the challenges, the webinar highlighted the difficulty with finding pharmacies willing to accept minors at the age of 16 to earn clinical hours. She stated that research shows that pharmacies that accept minors to earn clinical hours will often hire them to continue their service.

DHP DIRECTOR'S REPORT: Arne Owens provided the DHP Director's Report consisting of the following updates:

- The agency is anticipating a new Agency Director appointment to be announced once the new Governor takes office on January 17, 2026.
- He thanked the board members and staff for their work throughout the last few years.
- The agency is focused on monitoring the biennial budget which is expected to be announced this week.
- The agency has multiple legislative proposals moving through the administrative review and approval process.
- In response to a specific question from a board member, he stated that he did not have any specific updates regarding the rural health funding but highlighted the importance of engagement with any upcoming implementation plans.
- In response to a specific question from a board member, he stated that the Board of Pharmacy is currently operating within a negative balance. He stated that Department funds are being reallocated as

necessary until the regulatory action to increase licensing fees is approved.

NEW BUSINESS

HAMPTON SCHOOL OF PHARMACY PRESENTATION

Dean Anand Iyer provided a virtual overview of Hampton University's School of Pharmacy. The overview provided the following data:

- The Doctor of Pharmacy program, established in 1998, produced over 1,300 PharmD graduates. The Legacy Program phased out in 2023. A new PharmD program was introduced in Fall 2024 which consists of two matriculated cohorts.
- The School of Pharmacy also offers Bachelor of Science degrees in Pharmaceutical Science, Pre-Professional Pharmacy Track and Minors in Pharmaceutical Science, Environmental Health Science and Public Health.
- The PharmD program currently has 19 students. The undergraduate programs currently have over 40 students. Over 90% of Alumni practice in medically underserved communities which align with the university's program mission.
- The university offered over $500,000 in scholarships to students for the 2025-2026 academic year. The university plans to increase scholarship awards to exceed $800,000 for the upcoming academic year.
- The School of Pharmacy operates with a strategic plan consisting of 6 pillars of academic excellence focusing on ensuring student success, promoting faculty staff and student well-being, expanding community outreach and engagement, enhancing research and innovation, managing faculty improvements, and ensuring financial and operations stability.
- The PharmD program consists of the following components: didactic and experiential curriculum, comprehensive assessment and quality assurance, student advertisement, support and developmental services, and physical, personnel and technology resources.
- The University will offer a WellNest program which provides various health services through avenues such as retail pharmacy, mobile units, primary care clinicals, and mental health services. The program is funded through the Commonwealth of Virginia and Norfolk State University grant funds through June 2026. The WellNest program will launch pharmacy services in January 2026 with full deployment of services offered in March 2026.
- The program currently has an annual tuition fee of $37,000. The university offers an annual scholarship to each student.

APPALACHIA COLLEGE OF PHARMACY PRESENTATION

Dean Susan Mayhew presented an overview of the Appalachian College of Pharmacy program. The overview provided the following data:

- The Appalachian College of Pharmacy is celebrating its 20th year of enrollment this year. The Accelerated PharmD program, which was established in 2005, has graduated 18 PharmD classes consisting of 1,119 graduates total.
- ACP will continue to expand their campuses and curriculum to offer an online Doctor of Public Health program and Pharmacy Technician certificate program.
- ACP's 2025 graduating class totaled 45 graduates. Dean Mayhew identified that there has been a decrease in enrollment through the last few years, but an increase is expected.
- ACP has received multiple accreditations including an 8-year reaffirmation in 2024 by the Accreditation Counsil for Pharmacy Education (ACPE).
- ACP currently has an annual tuition fee of $37,500 and is a three year program.

SHENANDOAH UNIVERSITY SCHOOL OF PHARMACY PRESENTATION

Dean Robert Kidd presented an overview of the Shenandoah University School of Pharmacy. The overview provided the following data:

- Shenandoah University is celebrating its 25th year of enrollment/graduation this year.
- The School of Pharmacy recently launched an online hybrid first professional degree pathway plan. The new curriculum will begin in Fall 2026.
- Pharmacy students have received multiple awards for their participation in pharmacy-related competitions such the NASPA Student Pharmacist Self-Care Competition and the 2025 APhA-ASP National Patient Counseling Competition.
- The program currently has an all-inclusive annual tuition fee of $42,000. The university offers an annual scholarship to each student.

DISCUSSION

There was discussion regarding pharmacy deserts and how pharmacy law is being taught in each pharmacy school.

LEGISLATIVE/ REGULATORY/GUIDANCE

CHART OF REGULATORY ACTIONS

Ms. Barrett stated that there were no additional updates to provide regarding the Chart of Regulatory Actions since being included in the agenda packet.

ACTIONS RECOMMENDED BY THE REGULATION COMMITTEE:

1. PASSING OF UMPJE AND COMPLETION OF A STATE-SPECIFIC MODULE IN 2026, IN LIEU OF STATE-SPECIFIC MPJE	The board reviewed and discussed the recommendation regarding the UMPJE provided by the Regulation Committee which met on November 5, 2025. The Committee recommends requiring the passing of the UMPJE and completion of a state-specific module in 2026 in lieu of the state-specific MPJE. National Association of Boards of Pharmacy (NABP) staff, Dr. Jasmina Bjegovic, Dr. Andrew Funk, and Mr. Neal Watson, participated virtually to answer board member questions. NABP intends to implement the UMPJE in June 2026. There was some discussion regarding the format of the state-specific module. Some members indicated that simply requiring an attestation for completing a state-specific module is insufficient and that a test like a continuing education test is more appropriate. The board stated that it would determine the format at a future meeting.
ACTION ITEM:	**Staff will provide an update at the March 2026 full board meeting regarding NABP's progress to implement the UMPJE and continue discussion regarding the specific format for the state-specific module.**
VOTE:	**The Board voted unanimously to adopt the Regulation Committee's recommendation to require the passing of the UMPJE and completion of the state-specific module sometime in 2026 in lieu of the state-specific MPJE for licensure as a pharmacist.**
2. ADOPTION OF PROPOSED REGULATIONS REGARDING CENTRAL FILL PHARMACY AND CENTRAL/REMOTE PROCESSING REGULATIONS	The Board reviewed and discussed the Regulation Committee's recommendation regarding the proposed regulatory changes regarding central fill pharmacies.
VOTE:	**The Board voted 5-2 to approve the Regulation Committee's recommendation to adopt the proposed regulation regarding central fill pharmacies as presented. (opposed by Nash and Kale)**
3. ADOPTION OF NOIRA REGARDING PRESCRIPTION PRODUCT ACCURACY AS AN ACCEPTED ACTIVITY FOR CENTRALIZED OR REMOTE PROCESSING OF PRESCRIPTIONS	The Board reviewed and discussed the Regulation Committee's recommendation regarding adoption of a NOIRA to consider adding prescription product accuracy as an accepted activity for centralized or remote processing of prescriptions. Some members acknowledged this as a means of gathering additional information on the subject through the public comment period. The adoption of the NOIRA does not obligate the Board to promulgate regulations on the subject.

VOTE: **The Board voted unanimously to approve the Regulation Committee's recommendation to adopt a NOIRA to amend 18VAC110-20-276(A) regarding prescription product accuracy as an accepted activity for centralized or remote processing of prescriptions.**

4. MULTIPLE ACTIONS RELATED TO EXISTING NOIRA BASED ON 2021 PERIODIC REVIEWS OF CHAPTERS 20 AND 21

In November, the Regulation Committee reviewed existing NOIRAs for Chapters 20 and 21. These NOIRAs were based on 2021 periodic reviews of these chapters and have been stalled in the Executive Branch review process for years.

VOTE: **The Board voted unanimously to approve the recommendation to:**

- **withdraw the NOIRAs currently under Executive Branch review related to the 2021 periodic reviews;**
- **issue a NOIRA related to application requirements to**
  - **a. Amend 18VAC110-20-110 to include a requirement for additional information on a pharmacy permit or nonresident pharmacy registration and include a requirement to notify the Board of any changes within 30 days; and**
  - **b. Amend 18VAC110-20-110(J) to require an applicant for a pharmacy permit to report any prior disciplinary action by a regulatory authority, prior criminal convictions, or ongoing investigations related to the practice of pharmacy to the Board;**
- **issue a NOIRA incorporating previously identified amendments from the periodic reviews of Chapters 20 and 21 into a new regulatory action, amended to include staff's recommendation in (h) below, to**
  - **a. Amend 18VAC110-20-10 to include audio-visual technology by a pharmacist on the premises for supervision of compounding pharmacies to the definition of "personal supervision";**
  - **b. Amend 18VAC110-20-110 to extend the timeframe beyond 14 days for notification of a change in the PIC;**
  - **c. Amend 18VAC110-20-150(B) to align common layouts of pharmacies with requirements for accessing certain areas through prescription departments;**
  - **d. Amend 18VAC110-20-270 to allow a pharmacist to use the pharmacist's professional judgment to alter or adapt a prescription, to change a dosage, dosage form or directions, to complete missing information, or to extend a maintenance drug;**
  - **e. Amend Chapter 20 to include a requirement for an e-profile identification number for facilities;**
  - **f. Amend 18VAC110-20-275 to include the requirement of**

returning dispensed drugs to the initiating pharmacy;
g. Amend 18VAC110-20-275 to include a record requirement for an alternate delivery site delivering a drug to the patient's home;
h. Amend 18VAC110-20-323 to remove old federal scheduling actions that are no longer needed;
i. Amend Chapter 20 to clarify expectations regarding administration records, particularly if a drug is administered by someone other than the pharmacist whose initials are captured on the dispensing record;
j. Amend Chapter 20 to clarify that pharmacy technicians may independently take medication histories, including drug name, dose, and frequency;
k. Amend Chapter 20 to allow a pharmacy technician to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when authorized by the PIC;
l. Amend 18VAC110-21-80 to include a prohibition on taking the board approved integrated pharmacy examination when the candidate fails to pass on five occasions;
m. Amend 18VAC110-21-80 to authorize the Board to delegate the review and granting of testing accommodations for examinations to the National Association of Boards of Pharmacy; and Amend 18VAC110-21-90 to require the Foreign Pharmacy Graduate Equivalency Examination prior to obtaining a pharmacist license through endorsement or score transfer;

- **and issue periodic reviews for Chapters 20 and 21 simultaneous with the issuance of a NOIRA.**

5. NABP EXAM ELIGIBILITY SERVICES AND TESTING PRIOR TO GRADUATION

Currently, 18VAC110-21-80(A) prohibits candidates for licensure from sitting for the exam prior to graduation and prohibits the Board from using NABP's eligibility services for examinations. Both changes would reduce the administrative burden on the Board. Following a review of this issue, the Regulation Committee recommended that the full Board adopt a fast-track regulatory amendment to remove 18VAC110-21-80(A). The Board reviewed and discussed the recommendation regarding the NABP exam eligibility services and testing prior to graduation.

VOTE:

The Board voted unanimously to approve the Regulation Committee's recommendation to adopt a fast-track regulatory action to strike 18VAC110-21-80(A) which would allow candidates for licensure to sit for the exams prior to graduation and allow the Board to use NABP's eligibility services for examinations.

5. REPEAL GUIDANCE DOCUMENT 110-26 AND ADOPT PROPOSED POLICY DOCUMENT REGARDING PHARMACY WORKING CONDITIONS	The promulgation of 18VAC110-20-113, following legislation, made the suggestions contained in Guidance Document 110-26 into requirements. Guidance Document 110-26 is now no longer needed and does not clearly state the requirements contained in regulation. The Regulation Committee, after reviewing this issue, recommended that the Board repeal Guidance Document 110-26 and adopt a new policy document regarding pharmacy working conditions. The Board reviewed and discussed the recommendation to repeal Guidance Document 110-26.
VOTE:	**The Board voted unanimously to approve the Regulation Committee's recommendation to repeal Guidance Document 110-26 and adopt a policy regarding pharmacy working conditions.**
ADOPTION OF EXEMPT REGULATORY ACTION – ADDITION OF CHEMICALS TO SCHEDULE I	The Board reviewed and discussed the proposed exempt changes to 18VAC110-20-322.
MOTION:	**The Board voted unanimously to adopt the following exempt regulatory amendment to 18VAC110-20-322 to add chemicals to Schedule I:** **G. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following compounds expected to have depressant properties in Schedule I of the Drug Control Act:** **1. 5-(2-chlorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one (other name: Methylclonazepam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; and** **2. 8-bromo-1-ethyl-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other name: Ethylbromazolam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.** **The placement of drugs listed in this subsection shall remain in effect until [September 11], 2027, unless enacted into law in the Drug Control Act." (motion by Dowdy, seconded by Webb)**
ADOPTION OF FINAL STAGE REGULATORY ACTION FOR CRISIS STABILIZATION UNITS AND USE OF AUTOMATED DRUG DISPENSING SYSTEMS AND REMOTE DISPENSING SYSTEMS	The Board reviewed and discussed the draft final stage regulations which do not include any amendments. No public comments were submitted for review during the proposed stage. This final regulatory action replaces emergency regulations currently in effect as required by legislation in the 2024 General Assembly Session.

MOTION: **The Board voted unanimously to adopt the final regulations regarding crisis stabilization services and use of automated drug dispensing systems and remote dispensing systems as presented. (motion by Webb, seconded by Robertson)**

ADOPTION OF REVISIONS TO GUIDANCE DOCUMENT 110-33 TO REFLECT PHARMACIST TO TECHNICIAN RATIOS IN EMERGENCY REGULATIONS

Current guidance regarding pharmacist to pharmacy technician ratios only addresses 18VAC110-20-112. Emergency regulations governing central fill pharmacies and remote processing allow expanded ratios. The draft included in the agenda packet addresses the differing ratios in the emergency regulations. The Board reviewed and discussed the draft recommended changes to Guidance Document 110-33.

MOTION: **The Board voted 5-2 to amend Guidance Document 110-33 as presented. (motion by Webb, seconded by Robertson; opposed by Nash and Kale)**

ADOPTION OF NEW GUIDANCE DOCUMENT 110-41 ADDRESSING ALARM REQUIREMENTS

The Board reviewed and discussed the Guidance Document 110-41 draft. Staff believe this will address regular questions about facility alarm requirements.

MOTION: **The Board voted unanimously to adopt Guidance Document 110-41 as presented. (motion by Wilgus, seconded by Dowdy)**

REPORTS

CHAIRMAN'S REPORT

The Chairman provided the following information:

- He would like for the Board to convene three ad hoc committees. One will review the bylaws and be chaired by Dr. Webb. A second will discuss any needs for collection of additional health data and will be chaired by Dr. Nash. A third will discuss communications and outreach and will be chaired by Mrs. Richards-Spruill.
- He attended VPhA's recent virtual webinar and appreciated Mr. Logan's presentation.

LICENSURE PROGRAM

Mr. Logan provided an overview of the Licensure Program consisting of licensing data of Individuals and Facility licensees from Q4 2022 through Q1 2026. The overview included the following current license count as of December 1, 2025:

- Pharmacist – 17,134
- Pharmacy Technician – 14,612
- Pharmacy Technician Trainee – 7,476
- Pharmacy Intern – 1,112
- Resident Pharmacies – 1,682
- Non-Resident Pharmacies - 992

Additionally, Mr. Logan provided a bar graph to document the new pharmacy

permits issued compared to pharmacy permits closing.

INSPECTION PROGRAM

Ms. O'Halloran provided an overview of the Inspection Program. The overview consisted of all inspections conducted during the period of July 1, 2025 through September 30, 2025. As of September 30, 2026, the Inspections Program conducted a total of 599 inspections consisting of 562 in-person inspections and 37 virtual inspections. The top 5 cited deficiencies reported are as follows:

- Labels do not include all required information (cited 25 times)
- Inventories taken on time, but not in compliance, i.e. no signature, date, opening or closing, Schedule II drugs are not separate, failure to include expired drugs (cited 24 times)
- Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2 (cited 24 times)
- Expired drugs in working stock, dispensed drugs being returned to stock in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container) (cited 19 times)
- Compounded products not properly labeled. (cited 19 times)

DISCIPLINARY PROGRAM

Ms. Juran reviewed the Disciplinary Program report which was prepared by Dr. Shinaberry who was unable to attend the meeting. The overview consisted of cases received, opened, and closed from Q4 of 2022 through Q1 of 2026. As of Q1 of 2026, ending September 30, 2025, the board received 202 cases, opened 335 cases, and closed 241 cases. As of November 26, 2025, the board currently has 381 open cases consisting of 205 patient care related cases and 176 non-patient care related cases.

EXECUTIVE DIRECTOR'S REPORT

Ms. Juran provided an update of the meetings that she attended or at which she provided presentations either in-person or virtually since the September board meeting and any upcoming meetings and presentations currently on her schedule.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

Mr. Egan provided information regarding the agency subordinate's recommendations resulting from a recent informal conference.

CLOSED MEETING

Upon a motion by Dowdy, and duly seconded by Nash, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code") to reach a decision regarding the agency subordinate's recommendations. Additionally, she moved that Jim Rutkowksi, Caroline Juran, Mykl Egan, and Sorayah Haden attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.

RECONVENE

Upon the motion by Dowdy, and duly seconded by Kale, having certified that the matters discussed in the closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision.

DECISIONS

The Board voted unanimously to accept the agency subordinate's recommendation for case #1 as presented. (motion by Nash, seconded by Wilgus)

The Board voted unanimously to modify the agency subordinate's recommendation for cases #2 and #3 to issue a reprimand and audit their 2025 continuing education for compliance. (motion by Nash, seconded by Wilgus)

CONSIDERATION OF CONSENT ORDERS, SUMMARY SUSPENSIONS, OR SUMMARY RESTRICTIONS

JOSHUA JOSEPH WALDEN (PHARMACIST #0202216768)

Rebecca Ribley, Adjudication Specialist, presented information for a possible summary suspension regarding Joshua Joseph Walden's pharmacist license.

CLOSED MEETING

Upon a motion by Dowdy, and duly seconded by Webb, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code") to reach a decision regarding the matter of Joshua Joseph Walden (Pharmacist License #0202216768). Additionally, she moved that Jim Rutkowksi, Caroline Juran, Mykl Egan, and Sorayah Haden attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.

RECONVENE

Upon the motion by Dowdy, and duly seconded by Robertson, having certified that the matters discussed in the closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision.

DECISION

Upon a motion by Wilgus, and duly seconded by Webb, the Board voted unanimously to summarily suspend the pharmacist license of Joshua Joseph Walden and offer a pre-hearing consent order in lieu of a Formal Hearing.

MEETING ADJOURNED: With all business concluded, the meeting adjourned at 1:25 PM

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Caroline Juran, RPh Date
Executive Director

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARING ON PLACING CERTAIN CHEMICALS IN SCHEDULE I

Wednesday, December 10, 2025

Department of Health Professions
Perimeter Center
Board Room 4
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A public hearing was convened at 9:00 AM.

PRESIDING: **Larry Kocot**, JD, Chairman

MEMBERS PRESENT:
Shannon Dowdy, PharmD, Vice Chairman
Kelly Hasty Kale, RPh
Wendy Nash, PharmD
Tim Robertson, RPh
Derek Webb, PharmD
Michelle Hoffer Wilgus, JD

MEMBERS ABSENT:
Kristopher Ratliff, DPh
Patricia Richards-Spruill, RPh
Ling Yuan, PharmD

STAFF PRESENT:
Erin Barrett, DHP Director of Legislative and Regulatory Affairs
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Ryan Logan, RPh, Deputy Executive Director
Beth O'Halloran, RPH, Deputy Executive Director
Arne Owens, DHP Agency Director
James Rutkowski, JD, Senior Assistant Attorney General

PUBLIC COMMENT

Robyn Weimer, Chemistry Program Manager, Division of Technical Services, Virginia Department of Forensic Science provided comment that the recommended inclusions have depressant properties and serve no medical use. The Department of Forensic Science recommends the placement of the following chemicals into Schedule I:

1. 5-(2-chlorophenyl)-1, 3-dihydro-1-methyl-7-nitro-2H-1, 4-benzodiazepin-2-one (other name: Methylclonazepam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

2. 8-bromo-1-ethyl-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other name: Ethylbromazolam), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

MEETING ADJOURNED: 9:04AM

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Caroline Juran, RPh
Executive Director

Date

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY
FORMAL HEARING

Monday, December 10, 2025
Commonwealth Conference Center
Second Floor
Board Room 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 1:57 PM for the purpose of convening a formal hearing.

PRESIDING: Larry Kocot, Chair

MEMBERS PRESENT: Shannon Dowdy, PharmD, Vice Chair (by telephone)
Kelly Hasty Kale, RPh
Wendy Nash, PharmD
Tim Robertson, RPh
Michelle Hoffer Wilgus, JD

STAFF PRESENT: Mykl D. Egan, Discipline Case Manager
Sorayah Haden, Executive Assistant
Caroline Juran, Executive Director, Board of Pharmacy
James Rutkowski, Sr. Assistant Attorney General

QUORUM: With six (6) members of the Board present, a quorum of the board was established.

GEORGE APPIAH
License. no. 0202-207279

A formal hearing was held in the matter of George Appiah, pharmacist, to discuss his request for reinstatement of his pharmacy license and to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy in Virginia as provided in the notice dated November 17, 2025.

Jess Weber, Adjudication Specialist, presented the case for the Commonwealth. Mr. Appiah was present at the hearing and was not represented by counsel.

WITNESSES: Courtney D. Merkel, DHP Senior Investigator, testified in person on behalf of the Commonwealth.

Mr. Appiah testified on his own behalf.
Akosu Appiah, Mr. Appiah's wife also testified on Mr. Appiah's Behalf

CLOSED MEETING:	Upon a motion by Dr. Dowdy, and duly seconded by Mrs. Hoffer-Wilgus, the Board voted 6-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of George Appiah. Additionally, she moved that Caroline Juran, Mykl Egan, Jim Rutkowski, and Sorayah Haden attended the closed meeting.
RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Robertson)
DECISION:	Upon a motion by Mr. Robertson, and duly seconded by Mrs. Kale, the Board voted 6-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth. Upon a motion by Mr. Robertson, and duly seconded by Ms. Kale, the Board voted 6-0 to deny the reinstatement of Mr. Appiah's pharmacist license.
DEPARTURE OF BOARD MEMBERS:	Kelly Kale departed at 4:10 p.m.
PANEL:	With five (5) members of the Board present, a panel of the board was established.
SHANNON HOCKADAY Registration no. 0245-013730	A formal hearing was held in the matter of Shannon Hockaday, pharmacy technician trainee, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technician trainees in Virginia as provided in the notice dated October 21, 2025. Jess Weber, Adjudication Specialist, presented the case for the Commonwealth. Ms. Hockaday was not present at the hearing and was not represented by counsel.
WITNESSES:	Steven Shirley, DHP Senior Investigator testified in person on behalf of the Commonwealth.

Kanae DiMaggio, Pharmacist-in-Charge of CVS/Pharmacy #2537 testified in person on behalf of the Commonwealth.

Rameshwar Singh, District Asset Protection Leader for CVS testified by telephone on behalf of the Commonwealth.

CLOSED MEETING: Upon a motion by Dr. Dowdy, and duly seconded by Mr. Robertson, the Board voted 5-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Shannon Hockaday. Additionally, she moved that Caroline Juran, Mykl Egan, Jim Rutkowski, and Sorayah Haden attended the closed meeting.

RECONVENE: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Hoffer Wilgus)

DECISION: Upon a motion by Dr. Dowdy, and duly seconded by Mr. Robertson, the Board voted 5-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth. Upon a motion by Dr. Dowdy, and duly seconded by Mr. Robertson, the Board voted 5-0 to indefinitely suspend the pharmacy technician trainee registration of Shannon Hockaday for not less than two (2) years.

ADJOURNED: 4:50 PM

Mykl D. Egan, Discipline Case Manager

Date

VIRGINIA BOARD OF PHARMACY
MINUTES OF SPECIAL CONFERENCE COMMITTEE

January 20, 2026
Commonwealth Conference Center
Second Floor
Board Room # 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

CALL TO ORDER:	A meeting of a Special Conference Committee (Innovative Pilot) of the Board of Pharmacy was called to order at 9:04 am.
PRESIDING:	**Larry Kocot**, Committee Chairman
MEMBER PRESENT:	**Shannon Dowdy**, Committee Member
STAFF PRESENT:	**Christine Andreoli**, Esq., Senior Adjudication Specialist **Caroline D. Juran**, RPh, Executive Director **Tim Reilly**, Compliance & Innovative Pilot Program Manager **Ellen Shinaberry**, PharmD, Deputy Executive Director
FCCR Fredericksburg, FCCR Radford, FCCR Southlake, American Addiction Treatment Center Williamsburg, American Addiction Treatment Center Newport News, American Addiction Treatment Center Hayes, Pulaski Medical, Martinsville Treatment Services, LLC, Pinnacle Treatment Centers VA-I, LLC dba Front Royal Treatment Center, Culpeper Treatment Services, LLC	Sally Goldberg, RPh, Regional Director of Pharmacy appeared in person to discuss the proposed innovative pilot program "Pharmacist Remote Verification Pilot Program" as stated in the Continuance Notice dated December 11, 2025
DISCUSSION:	Representative of FCCR Fredericksburg presented information related to the application for use of the Pharmacist Remote Verification Pilot Program.
DECISION:	Upon a motion by Shannon Dowdy, and duly seconded by Larry Kocot, the Committee voted unanimously to approve the innovative pilot program for three years with certain terms and conditions for "Pharmacist Remote Verification Pilot Program."
Sentara Hospitals dba Sentara Leigh	Maria Achilleos, Pharm D, MBAHM, BCPS, BCGP,

Hospital	Supervisor, and Charlie Baczek, PharmD, BCPS, Operations Specialist, appeared in person to discuss the proposed innovative pilot program "Utilization of Starter Packs for Emergency Department Medication Dispensing" as stated in the Continuance Notice dated December 11, 2025**.**
DISCUSSION:	Representatives of Sentara Hospitals dba Sentara Leigh Hospital presented information related to the application for use of the Utilization of Starter Packs for Emergency Department Medication Dispensing.
DECISION:	Upon a motion by Shannon Dowdy, and duly seconded by Larry Kocot, the Committee voted unanimously to deny the innovative pilot program for "Utilization of Starter Packs for Emergency Department Medication Dispensing."
	With all business concluded, the meeting adjourned at 11:51 am.

Caroline D. Juran
Executive Director

Date

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY
POSSIBLE SUMMARY SUSPENSION PRESENTATION & FORMAL HEARING

Wednesday, January 21, 2026
Commonwealth Conference Center
Second Floor
Board Room 2

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER: A meeting of a quorum of the Board of Pharmacy ("Board") was called to order at 9:01 AM for the purpose of consideration of a possible summary suspension.

PRESIDING: Larry Kocot, Chairman

MEMBERS PRESENT:
Shannon Dowdy, PharmD, Vice Chair
Kelly Hasty Kale, RPh
Wendy Nash, PharmD
Patricia Richards-Spruill, RPh
Tim Robertson, RPh
Derek Webb, PharmD

STAFF PRESENT:
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Jim Rutkowski, JD, Senior Assistant Attorney General
Ellen Shinaberry, PharmD, Deputy Executive Director

QUORUM: With seven (7) members of the Board present, a quorum of the board was established.

PURPOSE: Consideration of the possible summary suspension of the pharmacist license of James Kelly, Jr. Jess Weber, Adjudication Specialist, presented the case on behalf of the Commonwealth.

CLOSED MEETING: Upon a motion by Dr. Dowdy, and duly seconded by Mrs. Richards-Spruill, the Board voted 7-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of James Kelly, Jr. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attend the closed meeting.

RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Kale)
DECISION:	Upon a motion by Dr. Webb and duly seconded by Dr. Dowdy, the Board unanimously voted (7-0) to summarily suspend the pharmacist license of James Kelly, Jr., and to offer a consent order in lieu of a formal hearing.

FORMAL HEARING:

MORGAN SCOTT PATRICIO Pharmacy Tech Trainee Registration: 0245--017016	A formal hearing was held in the matter of Morgan Scott Patricio, pharmacy technician trainee, to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy technician trainees in Virginia as provided in the notice dated November 18, 2025.
PRESIDING:	Larry Kocot, Chairman
MEMBERS PRESENT:	Ms. Kelly Hasty Kale Dr. Derek Webb Dr. Shannon Dowdy Dr. Wendy Nash Mrs. Patricia Richards-Spruill Mr. Tim Robertson
PANEL:	With seven (7) members of the Board present, a panel of the board was established.
STAFF PRESENT:	Caroline D. Juran, Executive Director Ellen Shinaberry, Deputy Executive Director James Rutkowski, Sr. Assistant Attorney General Sorayah Haden, Executive Assistant

Christine Andreoli, Adjudication Specialist, presented the case for the Commonwealth. Mr. Patricio was not present at the hearing and was not represented by counsel.

WITNESSES: Scott Dillon, Senior DHP Senior Investigator, testified in person on behalf of the Commonwealth.

CLOSED MEETING: Upon a motion by Dr. Dowdy, and duly seconded by Mrs. Richards-Spruill, the Board voted 7-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Morgan S. Patricio. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, and Sorayah Haden attend the closed meeting.

RECONVENE: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Dowdy/Webb)

DECISION: Upon a motion by Ms. Kale, and duly seconded by Mr. Robertson, the Board voted 7-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth.

Upon a motion by Dr. Dowdy, and duly seconded by Dr. Nash, the Board voted 7-0 to deny the revoke the pharmacy technician trainee registration of Morgan S. Patricio.

ADJOURN: 10:06 AM

_____
Caroline D. Juran, Executive Director

Date:_____

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF AD HOC COMMITTEE ON HEALTH DATA

Wednesday, January 21, 2026

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of an Ad Hoc Committee on Health Data was called to order at 1:00 PM.

PRESIDING: **Wendy Nash**, PharmD, Chair

MEMBERS PRESENT:
Shannon Dowdy, PharmD
Larry Kocot, JD (left at 2:45 PM)
Tim Robertson, RPh

STAFF PRESENT:
Sorayah Haden, Executive Assistant
Caroline Juran, RPh, Executive Director
Ryan Logan, RPh, Deputy Executive Director
Beth O'Halloran, RPh, Deputy Executive Director
Ellen Shinaberry, PharmD, Deputy Executive Director (left at 2:45 PM)
Yetty Shobo, PhD, DHP Healthcare Workforce Data Center and Data Analytics Division Direcor (left at 2:45 PM)

PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:
Wendy Nash, PharmD - 0202006209
Tim Robertson, RPh - 0202010759

QUORUM: With all members of the committee present, a quorum was established.

APPROVAL OF AGENDA: Agenda was approved as presented.

PUBLIC COMMENTS: The Virginia Pharmacist Association provided written public comment via email. The written public comment was provided as a handout for the

committee to review. The written comment expressed VPhA's support of the Health Data Committee and explained the importance of providing the data to the workforce. The comment highlighted Ohio's efforts in collecting and providing collected data. Additionally, the comment provided example questions that they would like to be considered and included in future workforce surveys.

OPENING REMARKS:

Dr. Nash welcomed the committee and stated that her objectives of the committee included achieving goals that align with the mission of the Virginia Department of Health Professions. She commented that she is interested in learning the new Governor's expectations of the Virginia Board of Pharmacy. Mr. Kocot encouraged the committee to discuss ways to use the data already collected and that which may be collected in the future. Based on federal legislation under consideration that would identify critical access pharmacies that would potentially be reimbursed at a higher rate, he believes it may be important to learn what services each pharmacy in Virginia is currently providing. He suggested that the Committee focus on identifying 1) what data is needed, 2) why it is needed, and 3) how we would use it.

DISCUSSION TOPICS:

The Committee briefly reviewed Va. Code § 54.1-2506.1, included in the agenda packet, regarding the consultation role of the Board in establishing criteria to identify additional data elements deemed necessary for workforce and health planning purposes.

The Committee discussed freely the following discussion topics listed on the agenda: Inventory and review data currently being collected by the Board; Assess gaps in data collected to meet the needs of the Board; Identify additional data elements that the Board may recommend that the Department collect for workforce and health planning purposes; To the extent possible, identify alternative sources for collection of the data and provide rationale and assessment of the feasibility and any known constraints for collecting these additional data; To the extent feasible, explore other states' data collection and reporting initiatives to determine best practices with a goal towards consistent data collection for reporting across multiple states.

The following matters were raised and discussed:

<u>Pharmacy Technicians</u>

There were general comments regarding the number of pharmacy technicians and pharmacy technician trainees, where the trainees may be working, and if the educational changes that became effective on July 1, 2025 have resulted in an increase in the number of trainees. There was some discussion regarding data previously compiled by Dr. Shobo and shared by Mr. Logan regarding the relatively low percentage of trainees who ultimately obtain a pharmacy

technician registration. It was wondered if anyone has ever studied why trainees don't follow through to become pharmacy technicians or long they stay in the profession. There was some discussion regarding the two-year allowance for a pharmacy technician trainee to complete a pharmacy technician training program, if that was too long, and if a reduction would increase the urgency and importance of completing a training program and obtaining registration as a pharmacy technician timely. It was noted that while it may be too long for those trainees electing to complete a PTCB or ExCPT-recognized training program, it may still be an appropriate length for those electing to complete an ASHP-ACPE-accredited training program. It was stated that the amount of training desired for pharmacy technician trainees in community pharmacies appears to differ from that which is desired by hospital pharmacies. There was also discussion regarding trainee applicants that apply for a second or third trainee registration because they were unable to complete the requirements prior to the first registration expiring, and that such applicants currently provide a narrative response on the application as to why a subsequent trainee registration is needed.

ACTION ITEM: **To collect data in a manner from which reports can be generated, staff will research with IT if a checkbox can be added to the pharmacy technician trainee registration application regarding why a subsequent trainee registration is needed.**

ACTION ITEM: **Dr. Shobo will include current information in the chart she previously prepared that indicate the number of pharmacy technician trainees who obtain registration as a pharmacy technician annually, along with the average amount of time taken to obtain registration and provide this information to the Board at its June 2026 full board meeting.**

Ms. Juran commented that the Virginia Pharmacy Congress may be sending her information requesting that an additional question on the pharmacy technician healthcare workforce survey report be added regarding advanced certifications the pharmacy technician may have obtained. This would need to be considered by the Board at its June board meeting.

<u>Pharmacy Services</u>

ACTION ITEM: **Staff will research with IT if a question can be included on the upcoming pharmacy permit renewals if the pharmacy currently provides clinical services under a collaborative practice agreement and/or statewide protocol.**

<u>Pharmacist and Pharmacy Technician Job Satisfaction</u>

ACTION ITEM: **Using the aggregate data in the latest Pharmacist and Pharmacy Technician Healthcare Workforce Survey Reports, Dr. Shobo will**

calculate the percentage of job satisfaction for pharmacists and pharmacy technicians in each of the practice settings listed in the reports.

ACTION ITEM: **Mr. Kocot stated that he will invite a representative from the National Community Pharmacists Association to provide a presentation to the board on its pharmacy mapping tool at the March full board meeting.**

Non-resident pharmacies

Acknowledging the trend that the number of pharmacies located within Virginia are decreasing while the number of nonresident pharmacies is increasing, the Committee expressed a desire to identify the nonresident pharmacies' type of practice as it has done for in-state pharmacies.

ACTION ITEM: **Staff will work with IT to develop a process for identifying each nonresident pharmacy's type of practice, e.g., independent, hospital, etc. as was done for in-state pharmacies.**

ACTION ITEM: **Staff will run a report to identify in which states the registered nonresident pharmacies are located.**

ACTION ITEM: **Staff will research the current trend of manufacturers participating in direct-to-consumer dispensing and if the dispensers are properly licensed in Virginia.**

It was commented that pharmacies reducing their operating hours may be impacting patient access.

MEETING ADJOURNED: The meeting adjourned at 3:46 PM.

_____
Caroline Juran, RPh
Executive Director

_____
DATE:

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Tuesday, February 10, 2026

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Orders/Consent Orders referred to in these minutes are available upon request

TIME & PURPOSE: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on February 10, 2026, at 12:34 PM, to consider summary suspensions in case number 253036. Three board members participated offsite via telephone; four board members were in Board room 2 and participated together via telephone.

PRESIDING: Larry Kocot, Chairman (via telephone)

MEMBERS PRESENT: Derek Webb (via telephone)
Kelly Kale
Wendy Nash (via telephone)
Patricia Richards-Spruill
Ling Yuan
Tim Robertson

STAFF PRESENT: Ellen Shinaberry, Deputy Executive Director
Caroline Juran, Executive Director
Jim Rutkowski, Senior Assistant Attorney General (via telephone)
Sorayah Haden, Executive Asst.
Rebecca Ribley, DHP Adjudication Specialist

POLLING OF BOARD MEMBERS The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

With seven (7) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

ANGELA BELLAMY,
PHARMACY TECHNICIAN
License No. 0230-011894

Rebecca Ribley, Adjudication Specialist, presented a summary of the evidence in case no. 253036 regarding the pharmacy technician registration of Angela

Bellamy.

DECISION: Upon a motion by Mr. Robertson and duly seconded by Mrs. Kale, the Board unanimously voted (7-0) that, with the evidence presented, the continued practice of Angela Bellamy poses a substantial danger to the public; and therefore, her right to renew her pharmacy technician registration shall be summarily suspended.

ADJOURN: With all business concluded, the meeting adjourned at 12:55PM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF AD HOC COMMITTEE ON OUTREACH AND COMMUNTICATIONS

Tuesday, February 10, 2026

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:	A meeting of an Ad Hoc Committee on Outreach and Communications was called to order at 1:05 PM.
PRESIDING:	**Patricia Richards-Spruill,** RPh, Chair
MEMBERS PRESENT:	**Kelly Hasty Kale,** RPh **Tim Robertson**, RPh (non-voting participant) **Ling Yuan**, PharmD
MEMBERS ABSENT:	**Shannon Dowdy**, PharmD
STAFF PRESENT:	**Sorayah Haden**, Executive Assistant **Caroline Juran**, RPh, Executive Director **Beth O'Halloran**, RPh, Deputy Executive Director **Ellen Shinaberry**, PharmD, Deputy Executive Director **Kelly Smith,** Director of Communications, DHP
PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:	None.
QUORUM	With 3 of the 4 committee members present, a quorum was established.
APPROVAL OF AGENDA:	Agenda was approved as presented.
PUBLIC COMMENTS:	Dr. Jade Ranger provided written public comments via email. The written

comments were provided as a handout for the committee to review. The written comment expressed her support of the Outreach and Communications Committee and its efforts to evaluate current communication processes and look for opportunities to strengthen outreach to stakeholders. The comment provided outreach suggestions she would like to have considered by the committee such as using multiple communication channels and creating avenues to encourage two-way engagement with the public.

OVERVIEW OF BOARD AND AGENCY COMMUNICATION METHODS:

Ms. Juran provided an overview of the various communication methods used by board staff such as via presentations, e-newsletters, FAQs and other information posted to the website. She explained that each of the thirteen health regulatory boards has its own website, but that the general format is the same for all boards at DHP, and that the posting of information to the website and dissemination of emails is coordinated with DHP's IT department. The News section on the Virginia Board of Pharmacy's website features board newsletters and a sample of significant presentations offered to professional organizations. She described the transition in 2021 regarding the newsletter layout moving from a four-page document sent via email which contained two pages of national news written by NABP and two pages of state news written by board staff to a brief, singular issue email format. The brief, summarized format was favored as the open rate for the longer document was only approximately 30%. She further estimated that most licensees have provided the board with an email address that can be used to disseminate electronic communications, but that licensees are not required to provide the board with an email address. Staff stated that they do still receive requests from a small percentage of licensees who prefer to renew licenses via paper and that one pharmacy in Virginia still operates without a computer. Therefore, it may be problematic to mandate licensees to provide an email address to the board which would likely require a statutory change.

ACTION ITEM:

Board staff will explore the archiving of older newsletters that are currently posted to the board's website.

Kelly Smith, DHP Director of Communications, provided a PowerPoint presentation highlighting communication efforts that she has recently implemented at DHP. Ms. Smith informed the board that she uses multiple electronic tools to monitor the agency and the Virginia Board of Pharmacy's digital footprint. She receives notifications any time the agency or board is mentioned in social media, news articles, court records, and more. She provided metrics from October 2025 through January 2026 identifying the top sections of the board's website visited. Ms. Smith recently introduced a platform at DHP called Constant Contact and explained the various features offered for the board's consideration. Constant Contact reports the most clicked on spots within the website. Additional features offered include the ability to send 25,000 blast emails at once and resend emails at a customized

frequency to original recipients who have not yet opened the email.

Ms. Smith provided feedback regarding the board's current layout for emailed communications and suggested a shorter, brighter, and more interactive format to attract viewers. She recently implemented such a format for one of the smaller boards at DHP. Ms. Smith also shared her efforts over the last two years to periodically post agency information on LinkedIn that is professional and positive. Because she is the Administrator for DHP's LinkedIn page, she can view analytics of postings and report this information to board staff. Thus far, analytics indicate that the shorter and more interactive emailed communication layouts perform better with viewers than the previous, longer layouts. Ms. Smith confirmed that Constant Contact does not store email addresses.

DISCUSSION:

The following comments were offered:

- Committee is in favor of NABP Roundtop's short and concise layout used for their newsletters. There is a preference to compose newsletters with clear and digestible information to provide a better reception from viewers.
- Committee is interested in sending communications to schools of pharmacy and professional associations. Currently, communication efforts are limited to the email addresses in the licensing software. Ms. Smith stated that she has the ability to create and maintain an additional email distribution list beyond the email addresses in the licensing software.
- Dr. Yuan expressed support for LinkedIn and information layouts that are easy to consume.
- Mr. Robertson stated that he is in favor of emailing and/or posting helpful information such as reminders regarding state of emergencies, upcoming board meetings, and staff speaking engagements.
- Ms. Richards-Spruill commented that she is interested in communicating with licensees and would like to increase pharmacy student engagement. Ms. Kale commented that pharmacy student engagement may increase with more in-person presentations and collaboration with the schools of pharmacy.
- Ms. Kale expressed support for posting on LinkedIn approximately monthly, sending approximately six emails through Constant Contact per year, receiving annual updates on metrics from Ms. Smith, if not more frequently, and writing communications in a manner that summarizes the legal requirements instead of citing specific laws and regulations.
- Suggested topics may include future board engagement opportunities, teasers, how to sign up for Regulatory Town Hall, and transition to the UMPJE.

ACTION ITEM: **The committee recommends that Ms. Smith provide a similar presentation to the full board at an upcoming meeting as learning more about communication tools now available to boards at DHP would be helpful.**

ACTION ITEM: **The committee recommends that staff begin collaborating with Ms. Smith to use the brighter, more interactive format to disseminate brief emailed communications (one-pager) via Constant Contact and to periodically report analytics, e.g., open rate, back to the board.**

ACTION ITEM: **The committee recommends that board staff and Ms. Smith collaborate to create an email distribution list for disseminating board communications that goes beyond the email addresses in the licensing software and includes an email address for each school of pharmacy and professional association located in Virginia.**

MEETING ADJOURNED: The meeting adjourned at 3:41 PM.

_____
Caroline Juran, RPh
Executive Director

_____
DATE:

Board of Pharmacy
Current Regulatory Actions
As of March 5, 2026

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Final	Prohibition against incentives to transfer prescriptions	3/29/2017	2843 days; 8.9 years since submission for executive branch review	Addresses a patient safety concern.
18VAC110-20	Final/ Exempt	December 2025 scheduling of chemicals in Schedule I	1/6/2026	24 days	Places DFS recommendations in Schedule I
18VAC110-20 18VAC110-21 18VAC110-30 18VAC110-50	Final	Increase in fees		9 days	Increases fees as needed for the Board to maintain operations.

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-30	Proposed	Implementation of 2021 periodic review	4/18/2023	923 days	Implements changes identified during the periodic review process
18VAC110-20	NOIRA	Addition of prescription product accuracy as an accepted activity for central or remote processing	1/6/2026	49 days	Addresses stakeholder comment to central fill and remote processing regulations
18VAC110-20	Final	Crisis stabilization services and use of automated	1/8/2026	43 days	Replaces emergency regulations

		dispensing systems and remote dispensing systems			mandated by legislation
18VAC110-20	NOIRA	Update to pharmacy permit application requirements	1/13/2026	41 days	Includes updates to applications noted in periodic reviews of Chapter 20
18VAC110-20 18VAC110-21	NOIRA	Amendments to Chapters 20 and 21 based on 2021 periodic review	1/14/2026	41 days	Combined regulatory action to replace withdrawn NOIRAs based on periodic review to remove obsolete changes
18VAC110-20	Fast-track	Allowance for correctional facilities to possess long-acting medication	10/7/2025	20 days	Enacting allowance for correctional facilities provided in 2025 legislation.
18VAC110-20	Proposed	Exclusion of private dwellings or residences from operating locations of CSRs	10/7/2025	7 days	Addresses a safety concern and coordinates CSR requirements with other establishment requirements.

In the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Proposed	Requirements for use of central fill pharmacy and remote database	1/13/2026	37 days	Replaces emergency regulations mandated by legislation
18VAC110-20	Fast-track	Inclusion of other opioid	5/30/2025	0 days	Pursuant to legislative changes,

		antagonists in regulations referring to naloxone			the Board amended regulations referring to naloxone to include other opioid antagonists.
18VAC110-21	Fast-track	Allowance for students to take NABP exam prior to graduation	1/8/2026	0 days	Reduces burdens on applicants and streamlines the process of licensure

In the Office of the Attorney General

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC110-20	Exempt/ Final	September 2025 scheduling of chemicals in Schedule I	2/9/2026	3/11/2026
18VAC110-20	Exempt/ Final	Inclusion of fentanyl-related compounds in Schedule I consistent with federal scheduling changes	2/9/2026	3/11/2026
18VAC110-20	Exempt/ Final	Inclusion of advanced registered medication aides in regulation as required by legislation	2/9/2026	3/11/2026
18VAC110-20	Fast-track	Replacement of analytic lab regulation for pharmaceutical processors	2/23/2026	Effective 4/9/2026

Agenda Item: Closure of periodic reviews for Chapters 20 and 21

Included in your agenda package:

- Summary page of Chapter 20 periodic review issued in December 2025 showing no comments;
- Summary page of Chapter 21 periodic review issued in December 2025; and
- Comments received on Town Hall as part of Chapter 21 periodic review.

Staff note: At its December 2025 meeting, the Board voted to adopt a NOIRA for chapters 20 and 21 to address subjects from the 2021 periodic reviews that previously stalled under the administrative review process and new issues noted by staff and stakeholders. The Board also issued new periodic reviews of Chapter 20 and 21 to learn of any additional subjects that may need amending.

The comments received as part of the Chapter 21 periodic review involve issues the Board cannot address in regulation – specifically the requirements for registration as a pharmacy technician and the pharmacy technician trainee designation found in Virginia Code § 54.1-3321. Only the General Assembly can alter those requirements. Therefore, staff recommends that the Board ***close the periodic reviews and retain the chapters as is.*** The NOIRA for chapters 20 and 21 adopted in December will continue proceeding through the administrative review process and will not be impacted by the decision to close the periodic reviews.

Action needed:

- Motion to:
    - Close the periodic reviews of Chapters 20 and 21 and retain the chapters as is.

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Pharmacy**

Chapter **Regulations Governing the Practice of Pharmacy [18 VAC 110 - 20]**

Edit Review

Review 2640

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 12/10/2025

Notice of Periodic Review
Pursuant to Executive Order 19 (2022) and sections 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
Name / Title:	Caroline Juran, RPh / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	caroline.juran@dhp.virginia.gov
Telephone:	(804)367-4456 FAX: (804)527-4472 TDD: ()-

Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 1/12/2026 [Volume: 42 Issue: 11]

Comment Period begins on the publication date and ended on 2/2/2026

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 12/10/2025
Review Completed: 12/11/2025
Result: Certified

Review Memo

This periodic review was created by Erin Barrett on 12/10/2025 at 2:31pm

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Pharmacy**

Chapter **Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians [18 VAC 110 - 21]**

Edit Review

Review 2641

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 12/10/2025

Notice of Periodic Review
Pursuant to Executive Order 19 (2022) and sections 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
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Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 1/12/2026 [Volume: 42 Issue: 11]

Comment Period begins on the publication date and ended on 2/2/2026

Comments Received: 6

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 12/10/2025
Review Completed: 12/11/2025
Result: Certified

Review Memo

This periodic review was created by Erin Barrett on 12/10/2025 at 2:31pm

Export to PDF Export to Excel

Agency **Department of Health Professions**

Board **Board of Pharmacy**

Chapter

Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians [18 VAC 110 - 21]

6 comments

All good comments for this forum Show Only Flagged

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Commenter: Allison Ortner 1/15/26 11:05 am

Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians (18 VAC

The hour requirements for Pharmacy Technician education programs should be reduced, restoring alignment with prior Virginia requirements and national norms. In addition, implement a simulation-based learning model eliminating the externship component. The current externship requirement imposes a significant financial burden on students, places additional strain on employers who are already understaffed and struggling to train externs and limits the number of students that can enroll which makes the program financially unsustainable. With high-quality simulation, we can ensure students gain the necessary skills in a controlled, consistent environment while improving program accessibility and reducing stress on the healthcare workforce.

CommentID: **238925**

Commenter: Krystal Green 2/2/26 8:08 am

Pharmacy Tech - PVCC

The program at PVCC was initiated out of a need for better qualified pharmacy technicians to be employed at UVA. Prior to the program's inception, the Pharmacy Manger of the Inpatient Pharmacy had experience with hiring candidates for open positions that had completed the Workforce Program under the PVCC umbrella and determined that individuals that completed that program performed at the necessary level for sufficient pharmacy operations.

A formal education program allows the foundation of pharmacy operations to be taught in a focused format. On-the-job training may not be consistent from company to company. A person could be overwhelmed with trying to learn how to be a pharmacy technician while being a pharmacy technician.

The pharmacy industry is advancing, and although the elimination of formal training programs could allow people to get hired quicker, patient safety could be at risk.

Going from 400 hours to 60 - 80 is a drastic decrease in instructional time. 60 - 80 hours is not enough time for didactic, simulation, and experiential time. Patients' lives depend on quality training of pharmacy

technicians regardless of the pharmacy setting.

In years past there must have been a reason that instructional hours increased from 60 - 80 hours to 400 hours. Perhaps reducing the hours to 250 and have a tailored/standard curriculum that outlines specific topics to be covered (for example specific pharmacology context like just knowledge of the top 200 medications and classification).

Currently, the only way to become registered as a pharmacy technician in the state is to pass either the PTCB or NHA certification exam. If the hours are reduced, would the state go back to a state exam?
CommentID: **239331**

Commenter: Jeanian M Clark

2/2/26 9:29 am

Instructional hours and the need to close the loophole

Laurel Ridge Community College respectfully requests two actions as part of the Virginia Board of Pharmacy's 2026 periodic review of pharmacy regulations:

Right-size instructional hours: Reduce the required instructional hours for pharmacy technician education programs from 400+ hours to 60–80 hours, restoring alignment with prior Virginia requirements and national norms while maintaining safety and competency via national certification (PTCE/ExCPT). This supports affordability, access, and workforce supply without compromising quality. The Pharmacy Technician program should be a simulation-based learning model eliminating the externship component. The current externship requirement imposes a significant financial burden on students, places additional strain on employers who are already understaffed and struggling to train externs and limits the number of students we can enroll which directly reduces tuition revenue and makes the program financially unsustainable. With high-quality simulation, we can ensure students gain the necessary skills in a controlled, consistent environment while improving program accessibility and reducing stress on the healthcare workforce.

Close the certification loophole: Eliminate the "technician in training" pathway that allows candidates to bypass formal education programs—undercutting accredited training, depressing completion in public colleges, and producing inconsistent preparation. Instead, it requires completion of an approved, structured education program which the regulations already clearly articulate but have undermined with this technician in training loophole.

Where the rules are misaligned

- **Inflated minimum hours** for college programs (400 hours) increase cost/time without demonstrable gains in pass rates or safety—while the Administrative Code otherwise focuses on **program approval + national exam competency** (not a fixed statewide hour count).

- A **loophole** allows employers to utilize "technicians in training," accumulating 500 hours **on?the?job hours** and completing a self-pace, self-guided, low?cost online course before testing—**bypassing formal education** and eroding the public training pipeline. While 18VAC110?20?111 requires pharmacies to maintain site?specific training and limits trainee duties to those **registered as trainees**, the pathway's net effect is substitution for structured education and is unregulated and inconsistent. We have witnessed pharmacies substituting these trainees as certified technicians to avoid red tape and deal with labor force shortages.

Action: Amend regulations and guidance to recognize **60–80 hours** of structured education (didactic + lab/simulation + supervised experiential) as sufficient when paired with PTCE/ExCPT—and allow institutions to configure hours across modalities (e.g., 40–50 didactic/simulation + 20–30 experiential).

Rationale:

- **Competency is validated nationally**: PTCE 2024 national pass rate = **70%**, and PTCE/ExCPT remain robust measures of minimum competence. Virginia should emphasize **outcomes (exam + competencies)** over seat time.

- **Quality assurance via accreditation**: ASHP/ACPE or Board?recognized programs ensure curriculum and assessment rigor without mandating an arbitrary statewide hour total.

- **Access & equity**: Shorter, focused programs lower tuition and opportunity costs—critical for rural, working adult, military, and low?income learners VCCS serves. Since revising the program to the new codes, enrollments have decreased 60% and workforce demand has increased. Over 180 openings along last year were posted in the Laurel Ridge Service Region.

Safeguards:

- Retain the **national exam requirement** and **approved?program** status.

- Require minimum **skills check?offs** (calculations, medication safety, order entry, federal requirements) documented in program completion records—aligned to PTCE/ExCPT domains.

Impact Analysis

If the 400?hour requirement remains in place

- **Reduced access & completions**: Longer programs depress enrollment, delay entry, and raise non?completion risk among working adults—contrary to EO?19 calls for cost?effective regulation.

    - The Laurel Ridge Pass/Completion Rate is at a 10-year all-time low

    - Laurel Ridge enrollment dived from serving 40 students per year to serving only 12 per year once the regulations changed.

- **Widening employer gaps**: Persistently high openings vs. fewer completers extends vacancy durations and overtime reliance across retail and health?system pharmacies. (Use HWDC 2024 and Virginia Works dashboards to quantify regional impacts.)

    - 182 openings in the Laurel Ridge Service Region have been posted in the past 12 months.

- **Equity concerns**: Costs and schedules disproportionately deter rural, low?income, and caregiving students—populations VCCS is mandated to serve.

If the certification/registration loophole is not addressed

- **Program cannibalization**: Employers will default to low?cost “train?up” pathways, weakening accredited pipelines and threatening program viability—especially in rural colleges where scale is tight.

- **Inconsistent skill readiness**: Site?specific training is variable; without a **standardized education baseline**, technicians may pass an exam yet lack exposure to essential lab/simulation competencies (e.g., aseptic technique simulations, error?prevention check?offs).

- **Misaligned incentives**: Short?term employer convenience undermines long?term workforce development and statewide quality assurance.

Conclusion

Laurel Ridge Community College asks the Board to (1) **restore a pragmatic 60–80 hour education baseline** tethered to national certification and (2) **close the technician?in?training loophole** so permanent registration requires completion of an approved education program. These adjustments will improve clarity, reduce unnecessary burden, and strengthen Virginia's technician workforce pipeline—without sacrificing safety or competency—fully aligned with EO?19's review objectives.

CommentID: **239337**

Commenter: David Shofstahl, Blue Ridge Community College 2/2/26 9:49 am

Modernizing 18 VAC 110-21: Right-Sizing Hours and Simulation for Workforce Access

I am writing on behalf of Blue Ridge Community College to strongly advocate for amendments to 18 VAC 110-21-141. The current regulations place unnecessary constraints on workforce development and financial sustainability for both students and colleges. We request three specific actions:

1. Right-Size Instructional Hours (60–80 Hours) We request the Board reduce the required instructional hours from 400+ back to the previous standard of 60–80 hours. This restores alignment with national norms and prior Virginia requirements. The current inflated hour requirement increases costs and time-to-completion without delivering demonstrable gains in safety or competency, creating a barrier to entry for the workforce our region desperately needs.

2. Implement a Simulation-Based Model (Eliminate Externships) We urge the Board to authorize high-quality simulation to replace the mandatory externship component. The current externship requirement creates a critical bottleneck: it imposes a financial burden on students, places strain on understaffed employers who struggle to train externs, and strictly limits program enrollment. By shifting to a simulation-based learning model, we can ensure every student masters critical skills in a controlled, consistent environment while significantly improving program accessibility.

3. Close the "Certification Loophole" We urge the Board to close the disparity in 18 VAC 110-21-141(B)(1). Currently, retail pharmacies can bypass formal education requirements by hiring "technicians in training" who complete 500 on-the-job hours and a brief online course to qualify for the PTCB/NHA exam. Meanwhile, community college students face significantly higher academic hurdles for the same credential. The regulation should be amended to ensure consistency across all training pathways, leveling the playing field for students and ensuring that competency—not the training venue—is the standard.

CommentID: **239339**

Commenter: Katie Jennings, Northern Virginia Community College 2/2/26 11:28 am

Amendment change to 18VAC110-21-141

I support amending **18VAC110-21-141(B)(e)** because the National Healthcareer Association does not accredit, approve or formally recognize pharmacy technician training programs. NHA functions solely as a national certifying body for individuals and does not exercise authority over educational program approval.

As currently written, subsection B9e) references a program recognition process that does not exist, resulting in ambiguity and potential inconsistency in regulatory interpretation and enforcement.

Amending this subsection to accurately reflect certification eligibility, rather than program recognition would enhance regulatory clarity.
CommentID: **239368**

Commenter: Virginia Community College System

2/2/26 8:31 pm

Pharmacy Technician programs- VCCS

The Virginia Community College System appreciates the Department of Health Professions' commitment to regular review of policies and the invitation for comment. While several of our colleges have commented here, on behalf of the system, I write to encourage considering an adjustment in the number of instructional hours required. When the regulations increased the requirement, many colleges struggled to adjust to this significant change, which impacted instructor availability, space for classes, and ongoing programmatic costs. Data across colleges that have offered the program reflect significant declines in enrollments since the change in regulations, with some colleges reporting no enrollments. Since Fall 2023, 11 out of 15 colleges stopped enrolling students in the pharmacy tech program. Also, with the externship requirement, many rural colleges are limited in their options to find opportunities for their students to fulfill all of the current requirements. Moreover, and most important, the current regulations have created a much longer distance between students who wish to enter the field and build careers and the businesses who need to hire certified technicians.

The VCCS would welcome a "right-sizing" of the instructional program length. Perhaps there is a happy medium between the previous standard and the current one. We would welcome joining the Department and the Board in conversations about options and next steps.

CommentID: **239399**

Agenda Item: Amendment of 18VAC110-20-275 to clarify delivery locations for dispensed prescription drug order for Schedule VI controlled substances

Included in your agenda package:

- Draft revision of 18VAC110-20-275.

Staff note: To alleviate practitioner confusion, the Board should consider initiating a fast-track regulatory action to include citations to Virginia Code §§ 54.1-3304 and 54.1-3304.1 to clarify language to 18VAC20-275.

Action needed:

- Motion to amend 18VAC110-20-275 as presented.

Project 8602 - None

Board of Pharmacy

Clarification regarding delivery of dispensed prescriptions

18VAC110-20-275. Delivery of dispensed prescriptions.

A. Pursuant to § 54.1-3420.2 B of the Code of Virginia, in addition to direct hand delivery to a patient or patient's agent or delivery to a patient's residence, a pharmacy may deliver a dispensed prescription drug order for Schedule VI controlled substances to another pharmacy, to a practitioner of the healing arts licensed to practice pharmacy pursuant to § 54.1-3304 of the Code of Virginia or to sell controlled substances at a location holding a permit for selling controlled substances pursuant to § 54.1-3304.1 of the Code of Virginia, or to an authorized person or entity holding a controlled substances registration issued for this purpose in compliance with this section and any other applicable state or federal law. Prescription drug orders for Schedule II through Schedule V controlled substances may not be delivered to an alternate delivery location unless such delivery is authorized by federal law and regulations of the board.

B. Delivery to another pharmacy.

1. One pharmacy may fill prescriptions and deliver the prescriptions to a second pharmacy for patient pickup or direct delivery to the patient provided the two pharmacies have the same owner, or have a written contract or agreement specifying the services to be provided by each pharmacy, the responsibilities of each pharmacy, and the manner in which each pharmacy will comply with all applicable federal and state law.

2. Each pharmacy using such a drug delivery system shall maintain and comply with all procedures in a current policy and procedure manual that includes the following information:

a. A description of how each pharmacy will comply with all applicable federal and state law;

b. The procedure for maintaining required, retrievable dispensing records to include which pharmacy maintains the hard-copy prescription, which pharmacy maintains the active prescription record for refilling purposes, how each pharmacy will access prescription information necessary to carry out its assigned responsibilities, method of recordkeeping for identifying the pharmacist responsible for dispensing the prescription and counseling the patient, and how and where this information can be accessed upon request by the board;

c. The procedure for tracking the prescription during each stage of the filling, dispensing, and delivery process;

d. The procedure for identifying on the prescription label all pharmacies involved in filling and dispensing the prescription;

e. The policy and procedure for providing adequate security to protect the confidentiality and integrity of patient information;

f. The policy and procedure for ensuring accuracy and accountability in the delivery process;

g. The procedure and recordkeeping for returning to the initiating pharmacy any prescriptions that are not delivered to the patient; and

h. The procedure for informing the patient and obtaining consent for using such a dispensing and delivery process.

3. Drugs waiting to be picked up at or delivered from the second pharmacy shall be stored in accordance with subsection A of 18VAC110-20-200.

C. Delivery to a practitioner of the healing arts licensed by the board to practice pharmacy pursuant to § 54.1-3304 of the Code of Virginia or to sell controlled substances at a location holding a permit for selling controlled substances pursuant to § 54.1-3304.1 of the Code of Virginia or other authorized person or entity holding a controlled substances registration authorized for this purpose.

1. A prescription may be delivered by a pharmacy to the office of such a practitioner or other authorized person provided there is a written contract or agreement between the two parties describing the procedures for such a delivery system and the responsibilities of each party.

2. Each pharmacy using this delivery system shall maintain a policy and procedure manual that includes the following information:

a. Procedure for tracking and assuring security, accountability, integrity, and accuracy of delivery for the dispensed prescription from the time it leaves the pharmacy until it is handed to the patient or agent of the patient;

b. Procedure for providing counseling;

c. Procedure and recordkeeping for return of any prescription medications not delivered to the patient;

d. The procedure for assuring confidentiality of patient information; and

e. The procedure for informing the patient and obtaining consent for using such a delivery process.

3. Prescriptions waiting to be picked up by a patient at the alternate site shall be stored in a lockable room or lockable cabinet, cart, or other device that cannot be easily moved and that shall be locked at all times when not in use. Access shall be restricted to the licensed

practitioner of the healing arts or the responsible party listed on the application for the controlled substances registration, or either person's designee.

D. The contracts or agreements and the policy and procedure manuals required by this section for alternate delivery shall be maintained both at the originating pharmacy as well as the alternate delivery site.

E. A controlled substances registration as an alternate delivery site shall only be issued to an entity without a prescriber or pharmacist present at all times the site is open if there is a valid patient health or safety reason not to deliver dispensed prescriptions directly to the patient and if compliance with all requirements for security, policies, and procedures can be reasonably assured.

F. The pharmacy and alternate delivery site shall be exempt from compliance with subsections B through E of this section if (i) the alternate delivery site is a pharmacy, a practitioner of healing arts licensed by the board to practice pharmacy or sell controlled substances, or other entity holding a controlled substances registration for the purpose of delivering controlled substances; (ii) the alternate delivery site does not routinely receive deliveries from the pharmacy; and (iii) compliance with subsections B through E of this section would create a delay in delivery that may result in potential patient harm. However, the pharmacy and alternate delivery site shall comply with following requirements:

1. To ensure appropriate coordination of patient care, the pharmacy shall notify the alternate delivery site of the anticipated arrival date of the shipment, the exact address to where the drug was shipped, the name of the patient for whom the drug was dispensed, and any special storage requirements.

2. The pharmacy shall provide counseling or ensure a process is in place for the patient to receive counseling.

3. Prescriptions delivered to the alternate delivery site shall be stored in a lockable room or lockable cabinet, cart, or other device that cannot be easily moved and that shall be locked at all times when not in use. Access shall be restricted to the licensed prescriber, pharmacist, or either person's designee.

4. The pharmacy shall provide a procedure for the return of any prescription drugs not delivered or subsequently administered to the patient.

G. A pharmacy shall not deliver dispensed drugs to a patient's residence that are intended to be subsequently transported by the patient or patient's agent to a hospital, medical clinic, prescriber's office, or pharmacy for administration and that require special storage, reconstitution or compounding prior to administration. An exception to this requirement may be made for patients with inherited bleeding disorders who may require therapy to prevent or treat bleeding episodes.

Agenda Item: Amendment of Guidance Document 110-9

Included in your agenda package:

- Revised version of Guidance Document 110-9.

Staff note: To alleviate practitioner confusion, the legal citation for Deficiency 122 should be amended to remove the regulatory citation and include citations to Virginia Code §§ 54.1-3304.1(B) and 54.1-3420.2.

Action needed:

- Motion to amend Guidance Document 110-9 as presented.

Virginia Board of Pharmacy
Pharmacy Inspection Deficiency Monetary Penalty Guide

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
1. No Pharmacist-in-Charge or Pharmacist-in-Charge not fully engaged in practice at pharmacy location	54.1-3434 and 18VAC110-20-110	must have documentation	2000
2. Pharmacist-in-Charge in place, inventory taken, but application not filed with Board within the required timeframe	54.1-3434 and 18VAC110-20-110		1000
3. Unregistered persons performing duties restricted to pharmacy technician without first becoming registered as a pharmacy technician trainee	54.1-3321 and 18VAC110-20-111	per individual	First documented occurrence = no penalty Repeat = $ penalty 250
4. Pharmacists/pharmacy technicians/pharmacy interns/pharmacy technician trainees performing duties on an expired license/registration	18VAC110-21-60, 18VAC110-21-110, 18VAC110-21-141, and 18VAC110-21-170.	per individual	First documented occurrence = no penalty Repeat = $ penalty 100

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
5. Pharmacy technicians, pharmacy interns, or pharmacy technician trainees performing duties without monitoring by a pharmacist, or unlicensed persons engaging in acts restricted to pharmacists	54.1-3320 18VAC110-20-112		500
6. Exceeds pharmacist to pharmacy technician ratio	54.1-3320 18VAC110-20-112	per each technician over the ratio	First documented occurrence = no penalty Repeat = $ penalty 100
7. Change of location or remodel of pharmacy without submitting application or Board approval	18VAC110-20-140	must submit an application and fee	250
8. Refrigerator/freezer temperature out of range greater than +/- 4 degrees Fahrenheit.	18VAC110-20-150 and 18VAC110-20-10	determined using inspector's or pharmacy's calibrated thermometer	First documented occurrence = no penalty; drugs may be embargoed Repeat = $ penalty 100 Drugs may be embargoed
9. The alarm is not operational. The enclosure is not locked at all times when a pharmacist is not on duty. The alarm is not set at all times when the pharmacist is not on duty.	18VAC110-20-180 and 18VAC110-20-190		1000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
9a. Alarm incapable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational. Alarm is operational but does not fully protect the prescription department and/or is not capable of detecting breaking by any means when activated. The alarm system does not include a feature by which any breach shall be communicated to the PIC or a pharmacist working at the pharmacy.	18VAC110-20-180		250
10. Unauthorized access to alarm or locking device to the prescription department	18VAC110-20-180 and 18VAC110-20-190		1000
11. Insufficient enclosures or locking devices	18VAC110-20-190		First documented occurrence and no drug loss = no penalty Drug loss or repeat = $ penalty 500
12. Storage of prescription drugs not in the prescription department	18VAC110-20-190		500

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
12a. Schedule II drugs are not dispersed with other schedules of drugs or maintained in a securely locked cabinet, drawer, or safe, or maintained in a manner that combines the two methods.	18VAC110-20-200		First documented occurrence and no drug loss of Schedule II = no penalty Drug loss or repeat = $ penalty 250
13. No biennial inventory, or over 30 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V.	54.1-3404 and 18VAC110-20-240	Cite Deficiency 113 if only expired drugs not included in inventory.	Over 30 days late and first documented occurrence = no penalty Over 30 days late and repeat = $ penalty 500
14. No incoming change of Pharmacist-in-Charge inventory, inventory taken or over 5 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V	54.1-3434 and 18VAC110-20-240	Per occurrence. Cite Deficiency 113 if only expired drugs not included in inventory.	500

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
15. Perpetual inventory not being maintained as required as it does not: • Include all Schedule II drugs received or dispensed; • Accurately indicate the physical count of each Schedule II drug "on-hand" at the time of performing the inventory; • Include a reconciliation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical count and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.	18VAC110-20-240	Review 10 drugs for six consecutive months. Includes expired drugs. Deficiency if more than 5 reconciliations not compliant.	250
16. Theft/unusual loss of drugs not reported to the Board as required	54.1-3404 and 18VAC110-20-240	per report/theft-loss	250
17. Hard copy prescriptions not maintained or retrievable as required (i.e. hard copy of fax for Schedule II, III, IV & V drugs and refill authorizations)	54.1-3404 and 18VAC110-20-240		250
18. Records of dispensing not maintained as required	54.1-3404, 18VAC110-20-240, 18VAC110-20-250, 18VAC110-20-420, and 18VAC110-20-425		250

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
19. Pharmacists not verifying or failing to document verification of accuracy of dispensed prescriptions	18VAC110-20-270, 18VAC110-20-420 and 18VAC110-20-425	10% threshold for documentation	500
20. Pharmacist not checking and documenting repackaging or bulk packaging	54.1-3410.2, 18VAC110-20-355 and 18VAC110-20-425	Review all entries for 5 drugs for six consecutive months. Deficiency if 10% or more are not compliant.	250
20a. Pharmacist not documenting verification of accuracy of non-sterile compounding process and integrity of compounded products	54.1-3410.2, 18VAC110-20-355	10% threshold	500
20b. Pharmacist not documenting verification of accuracy of sterile compounding process and integrity of compounded products	54.1-3410.2, 18VAC110-20-355		5000
21. No clean room	54.1-3410.2		10000
21a. Performing sterile compounding outside of a clean room.	54.1-3410.2	Compliant clean room present but not utilized for preparation of compounded sterile drug products.	3000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
21b. Presterilization procedures for Category 2 or Category 3 CSPs, such as weighing and mixing, are completed in areas not classified as ISO Class 8 or better.	54.1-3410.2		500
22. Certification of the direct compounding area (DCA) for compounded sterile preparations indicating ISO Class 5 not performed by a qualified individual no less than every 6 months, whenever there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow quality, and/or certification does not include airflow testing, HEPA filter integrity testing, total particle count testing, and dynamic airflow smoke pattern test.	54.1-3410.2	Review 2 most recent reports; certification must be performed no later than the last day of the sixth month from the previous certification	3000
23. Certification of the buffer or clean room and ante room indicating ISO Class 7 / ISO Class 8 or better not performed by a qualified individual no less than every six months, whenever there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow quality, and/or certification does not include airflow testing, HEPA filter integrity testing, total particle count testing, and dynamic airflow smoke pattern test.	54.1-3410.2	Review 2 most recent reports; certification must be performed no later than the last day of the sixth month from the previous certification	1000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
24. Sterile compounding of hazardous drugs performed in a non-compliant clean room	54.1-3410.2		2000
25. No documentation of sterilization methods or endotoxin pyrogen testing for Category 2 CSPs and/or Category 3 CSPs when required by USP	54.1-3410.2		5000
25a. No documentation of initial and at least every 3 months media-fill testing or gloved fingertip testing for persons performing compounding of Category 3 CSPs.	54.1-3410.2	Review 2 most recent reports. Media-fill testing and gloved fingertip testing must be performed no later than the last day of the third month from the date the previous media-fill test and gloved fingertip testing was initiated.	5000
25b. Category 3 compounded sterile preparations intended for use are improperly stored	54.1-3410.2		5000
25c. Category 1 or 2 CSPs intended for use are improperly stored	54.1-3410.2		500

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
25d. No documentation of results of the evaluation to determine cause of failure for a person who failed a media-fill test or gloved fingertip and thumb sampling	54.1-3410.2		5000 if performing Category 3 500 if performing Category 1 and 2
26. No documentation of initial and at least every 6 months media-fill testing or gloved fingertip testing for persons performing compounding of Category 1 and Category 2 CSPs.	54.1-3410.2	Review 2 most recent reports. Media-fill testing and gloved finger-tip testing must be performed no later than the last day of the sixth month from the date the previous media-fill test and gloved fingertip testing was initiated.	500
26a. Repealed 12/2023			
26b. No documentation of initial and at least every 12 months media-fill testing or gloved fingertip testing for persons who have direct oversight of compounding personnel, but do not compound.	54.1-3410.2		500
27. Compounding using ingredients in violation of 54.1-3410.2.	54.1-3410.2		1000

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
28. Compounding copies of commercially available products	54.1-3410.2	per Rx dispensed up to maximum of 100 RX or $5000	50
29. Unlawful compounding for further distribution by other entities	54.1-3410.2		500
30. Security of after-hours stock not in compliance	18VAC110-20-450		First documented occurrence and no drug loss = no penalty Drug loss or repeat = $ penalty 500
31. Drugs removed and administered to a patient from an automated dispensing device in a nursing home prior to review of the order and authorization by a pharmacist.	18VAC110-20-555	Except for drugs that would be stocked in an emergency drug kit as allowed by 18VAC110-20-555 (3)(C)	First documented occurrence and no known patient harm = no penalty Repeat = $ penalty 250
32. Have clean room, but not all physical standards in compliance, e.g., flooring, ceiling	54.1-3410.2		2000
33. Immediate use, Category 1, or Category 2 CSPs assigned inappropriate beyond use date (BUD)	54.1-3410.2		1000
33a. Category 3 CSPs assigned inappropriate BUD	54.1-3410.2		5,000
34. Combined with Deficiency 142 – 12/2013.			

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
35. Schedule II through VI drugs are being purchased from a wholesale distributor or warehouse not licensed or registered by the board or from another pharmacy in a non-compliant manner	18VAC110-20-395		250

Other Deficiencies

If five (5) or more deficiencies in this category are cited, a $250 monetary penalty shall be imposed. Another $100 monetary penalty will be added for each additional deficiency cited in this category, over the initial five.

Deficiency	Law/Regulation Cite	Conditions
101. Repealed 6/2011		
102. Special/limited-use scope being exceeded without approval	18VAC110-20-120	
103. Repealed 12/2013		
104. Sink with hot and cold running water not available within the prescription department.	18VAC110-20-150	
105. No thermometer or non-functioning thermometer in refrigerator/freezer, but temperature within range, +/-4 degrees Fahrenheit. Temperature not being recorded daily or record of such not maintained properly.	18VAC110-20-150 and 18VAC110-20-10	determined using inspector's calibrated thermometer
106. Prescription department substantially not clean and sanitary and in good repair	18VAC110-20-160	must have picture documentation

Deficiency	Law/Regulation Cite	Conditions
107. Current dispensing reference not maintained	18VAC110-20-170	
108. Emergency access alarm code/key not maintained in compliance	18VAC110-20-190	
109. Expired drugs in working stock, dispensed drugs being returned to stock not in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container)	54.1-3457 18VAC110-20-200 18VAC110-20-355	10% threshold
110. Storage of paraphernalia/Rx devices not in compliance	18VAC110-20-200	

Deficiency	Law/Regulation Cite	Conditions
111. Storage of prescriptions awaiting delivery outside of the prescription department not in compliance	18VAC110-20-200 and 18VAC110-20-490	
112. Biennial taken late but within 30 days	54.1-3404 and 18VAC110-20-240	
113. Inventories taken on time, but not in compliance, i.e., no signature, date, opening or close, Schedule II drugs not separate, failure to include expired drugs.	54.1-3404, 54.1-3434 and 18VAC110-20-240	
114. Records of receipt (e.g. invoices) not on site or retrievable	54.1-3404 and 18VAC110-20-240	
115. Other records of distributions not maintained as required	54.1-3404 and 18VAC110-20-240	
116. Prescriptions do not include required information. Prescriptions not transmitted as required (written, oral, fax, electronic, etc.)	54.1-3408.01, 54.1-3408.02, 54.1-3410, 18VAC110-20-280 and 18VAC110-20-285 18VAC110-20-270	10% threshold
117. Deficiency 117 combined with Deficiency 116 – 6/2011		
118. Schedule II emergency oral prescriptions not dispensed in compliance	54.1-3410 and 18VAC110-20-290	>3
119. Not properly documenting partial filling of prescriptions	54.1-3412, 18VAC110-20-255,18VAC110-20-310, and 18VAC110-20-320	
120. Offer to counsel not made as required	54.1-3319	

Deficiency	Law/Regulation Cite	Conditions
121. Prospective drug review not performed as required	54.1-3319	
122. Engaging in alternate delivery not in compliance	~~18VAC110-20-275~~ 54.1-3304.1(B) 54.1-3420.2	
123. Engaging in remote processing not in compliance	18VAC110-20-276 and 18VAC110-20-515	
124. Labels do not include all required information	54.1-3410, 54.1-3411 and 18VAC110-20-330	10% Threshold Review 25 prescriptions
125. Repealed.		
126. Special packaging not used or no documentation of request for non-special packaging	54.1-3426, 54.1-3427 and 18VAC110-20-350	10% threshold Review 25 prescriptions
127. Repackaging records and labeling not kept as required or in compliance	18VAC110-20-355	10% threshold
128. Unit dose procedures or records not in compliance	18VAC110-20-420	
129. Robotic pharmacy systems not in compliance	18VAC110-20-425	
130. Required compounding/dispensing/distribution records not complete and properly maintained	54.1-3410.2	

130a Compounded products not properly labeled	54.1-3410.2	

Deficiency	Law/Regulation Cite	Conditions
131. Required "other documents" for USP-NF 797 listed on the pharmacy inspection report are not appropriately maintained	54.1-3410.2	
132. Personnel preparing compounded sterile preparations and/or who have direct oversight of compounding personnel, but do not compound, do not comply with cleansing and garbing requirements	54.1-3410.2	
133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2	54.1-3410.2	
134. Policies and procedures for proper storage, security and dispensing of drugs in hospital not established or assured	18VAC110-20-440	
135. Policies and procedures for drug therapy reviews not maintained or followed	18VAC110-20-440	
136. After hours access to a supply of drugs or records not in compliance	18VAC110-20-450	10% threshold
137. Floor stock records not in compliance, pharmacist not checking, required reconciliations not being done	18VAC110-20-460	10% threshold
138. Automated dispensing device and/or remote dispensing system loading, records, and monitoring/reconciliation not in compliance	54.1-3434.02, 18VAC110-20-490 and 18VAC110-20-555	Cite if no documentation of monitoring. Review ADD in areas that do not utilize patient specific profile. Review 3 months of records – 30% threshold. Cite if exceeds threshold. Describe in comment section steps pharmacy is taking to comply. Educate regarding requirements.

Deficiency	Law/Regulation Cite	Conditions
139. Emergency medical services procedures or records not in compliance	18VAC110-20-591	10% threshold
140. Emergency kit or stat-drug box procedures or records not in compliance	18VAC110-20-540 and 18VAC110-20-550	10 % threshold
141. Maintaining floor stock in a long-term care facility when not authorized	18VAC110-20-520 and 18VAC110-20-560	
142. No record maintained and available for 12 months from date of analysis of dispensing errors or submission to patient safety organization	18VAC110-20-418	
143. Repealed 6/21/2018		
144. Repealed 6/21/2018		
145. Repealed 6/21/2018		
146. Repealed 6/21/2018		
147. Particle counts, environmental sampling, and smoke pattern testing not performed under dynamic conditions.	54.1-3410.2	
148. Theft/unusual loss of drugs reported to board but report not maintained by pharmacy	54.1-3404 and 18VAC110-20-240	

Deficiency	Law/Regulation Cite	Conditions
149. Surface sample testing not being performed	54.1-3410.2	
150. Cleaning and disinfection activities and/or application of sporicidal disinfectants on surfaces in classified areas and/or SCA do not comply with requirements in USP <797>.	54.1-3410.2	

NOTE: A "repeat" deficiency is a deficiency that was cited during the routine or focused inspection performed immediately prior to the current routine inspection and after July 1, 2018.

Examples:
Routine inspection on 7/1/18 – Cited for Deficiency 3. No monetary penalty.
Routine inspection on 7/1/20. Cited for Deficiency 3. Monetary penalty.

Routine inspection on 7/1/18 – Cited for deficiency 3. No monetary penalty.
Routine inspection on 7/1/20 – No deficiency.
Routine inspection on 7/1/22 – Cited for deficiency 3. No monetary penalty.
Routine inspection on 7/1/24 – Cited for deficiency 3. Monetary penalty.

DRAFT

Virginia's Pharmacist Workforce: 2025

Healthcare Workforce Data Center

February 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Over 15,600 Pharmacists voluntarily participated in this survey. *Without their effort, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

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Director

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Contents

The Pharmacist Workforce: At a Glance:

The Workforce

Licensees:	17,242
Virginia's Workforce:	9,170
FTEs:	7,672

Survey Response Rate

All Licensees:	91%
Renewing Practitioners:	97%

Demographics

Female:	69%
Diversity Index:	57%
Median Age:	45

Background

Rural Childhood:	32%
HS Degree in VA:	47%
Prof. Degree in VA:	49%

Education

Baccalaureate:	24%
Pharm.D./Professional:	76%

Finances

Median Inc.:	$130k-$140k
Health Benefits:	71%
Under 40 w/ Ed debt:	69%

Current Employment

Employed in Prof.:	92%
Hold 1 Full-time Job:	74%
Satisfied?:	92%

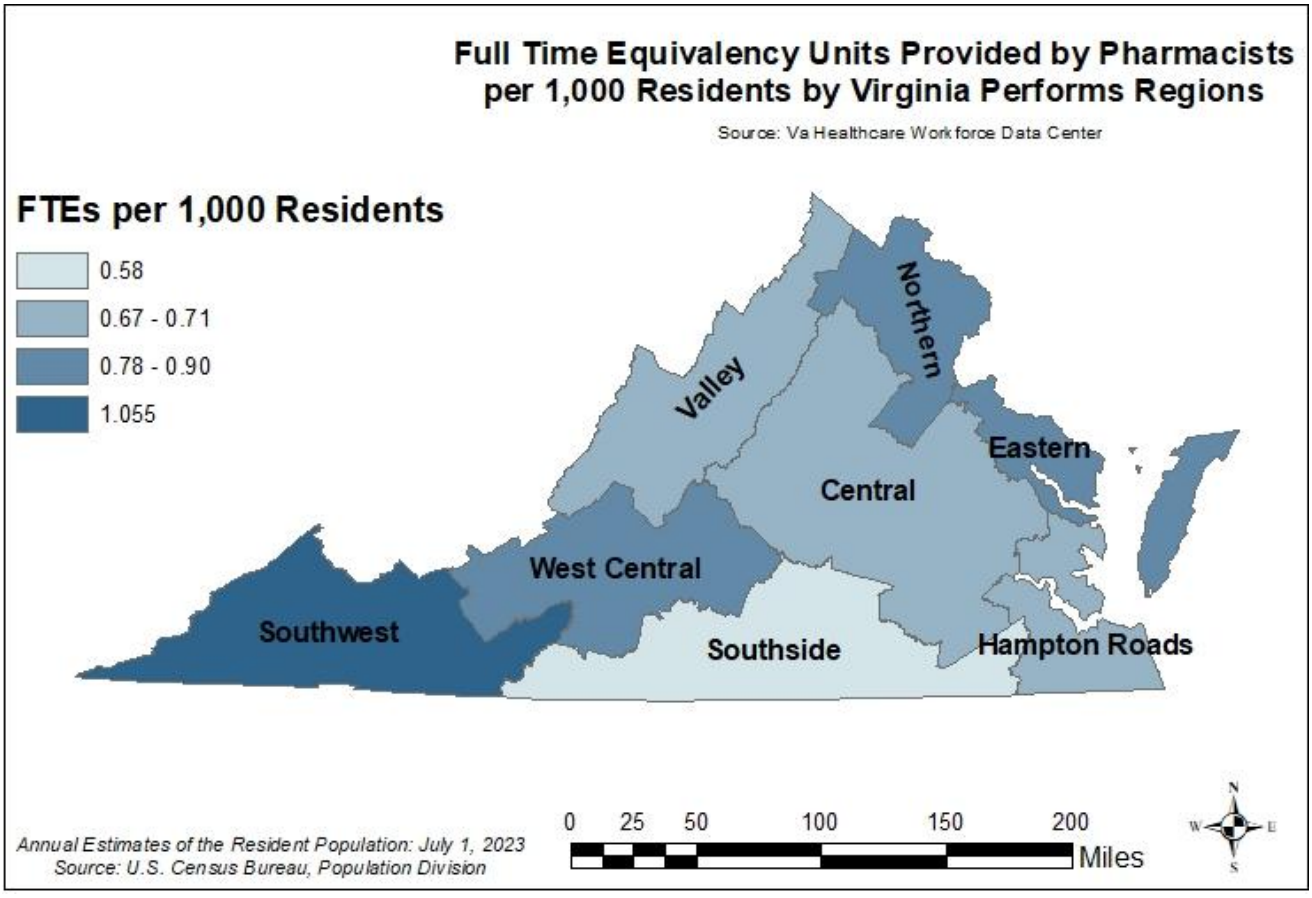
Job Turnover

Switched Jobs:	4%
Employed over 2 yrs.:	64%

Primary Roles

Patient Care:	74%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

A total of 15,615 pharmacists voluntarily took part in the 2025 Pharmacist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for pharmacists. These survey respondents represent 91% of the 17,242 pharmacists who are licensed in the state and 97% of renewing practitioners. The HWDC estimates that the 9,170 pharmacists in Virginia's workforce during the survey period provided 7,672 full-time equivalency units (FTE).

The majority of Virginia's pharmacists are female, and the median age among those in the workforce is 45. Almost one-third of pharmacists grew up in a rural area, and close to one-quarter of these professionals currently work in non-metro areas of the state. Overall, 10% of Virginia's pharmacists work in a non-metro area. 76% of Virginia's pharmacist workforce have earned a doctorate or other professional degree as their highest educational attainment. Further, 40% of pharmacists currently carry educational debt. Nearly seven out of ten of those under the age of 40 carry education debt. The median debt for those pharmacists with educational debt is between $140,000 and $160,000.

More than nine out of every ten pharmacists are currently employed in the profession, with 74% holding one full-time position. Over the past year, 1% of pharmacists were involuntarily unemployed, while another 2% were underemployed. The typical pharmacist earned between $130,000 and $140,000 in 2025. Around 92% of all pharmacists are satisfied with their current employment situation, including 49% who indicated that they are "very satisfied".

About 90% of all pharmacists work in the private sector, including 60% who work at a for-profit organization. Hospital health systems, inpatient departments were the most common working establishment type for Virginia's pharmacist workforce, employing 26% of all professionals. Large chain pharmacies (i.e., pharmacies with more than 11 stores) also were common employers. About 47% of pharmacists expect to retire by the age of 65 and 8% of the current workforce expect to retire in the next two years. Half of the current workforce expect to retire by 2050.

Summary of Trends

The total number of licensed pharmacists has grown by 35% since 2013. Of these, the number working in the state workforce has also increased by approximately 13%. Additionally, there has been a 12% increase in FTE provided in state by pharmacists between 2013 and 2024.

The diversity index of Virginia's pharmacists increased from 47% in 2013 to 57% in 2025. The percentage of pharmacists who are female also increased, from 62% in 2013 to 69% in 2025. Median age has been relatively stable between 44 and 45 years since 2013. The percent under age 40, decreased slightly from 37% in 2013 to 35% in 2025.

Educational attainment, specifically those who reported a PharmD, continues to increase in the pharmacist workforce, from 51% in 2013 to 76% in 2025. The percentage reporting educational debt has also increased from 35% in 2013 to 40% in 2025. Median educational debt also increased from $90K-$100K in 2013 to $140K-$160K in 2025.

Around 92% of pharmacists reported being employed in the profession, compared to 93% in 2013. Median income increased from $110K-$120K in 2013 to $130K-$140K in 2025. Job satisfaction has decreased slightly from 93% in 2013 to 92% in 2025. Pharmacists intending to retire within 10 years increased from 22% in 2013 to 26% in 2025. Regarding future plans, only 6% intended to increase patient care hours in 2024 compared to 12% in 2013.

A Closer Look:

Licensee Counts		
License Status	**#**	**%**
Renewing Practitioners	15,494	90%
New Licensees	807	5%
Non-Renewals	941	5%
All Licensees	**17,242**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 98% of renewing pharmacists submitted a survey. These represent 91% of pharmacists who held a license at some point in 2025.

At a Glance:

Licensed Pharmacists

Number:	17,242
New:	5%
Not Renewed:	5%

Survey Response Rates

All Licensees:	91%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	15,615
Response Rate, all licensees	91%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	97	511	84%
30 to 34	202	1,744	90%
35 to 39	247	2,707	92%
40 to 44	220	2,650	92%
45 to 49	169	2,044	92%
50 to 54	147	1,783	92%
55 to 59	143	1,627	92%
60 and Over	402	2,549	86%
Total	**1,627**	**15,615**	**91%**
New Licenses			
Issued in 2024	276	531	66%
Metro Status			
Non-Metro	103	1,048	91%
Metro	683	8,328	92%
Not in Virginia	**841**	**6,239**	**88%**

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in December 2025.
2. **Target Population:** All pharmacists who held a Virginia license at some point in 2025.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some pharmacists newly licensed in 2025.

At a Glance:

Workforce

Pharmacist Workforce:	9,170
FTEs:	7,672

Utilization Ratios

Licensees in VA Workforce:	53%
Licensees per FTE:	2.25
Workers per FTE:	1.20

Source: Va. Healthcare Workforce Data Center

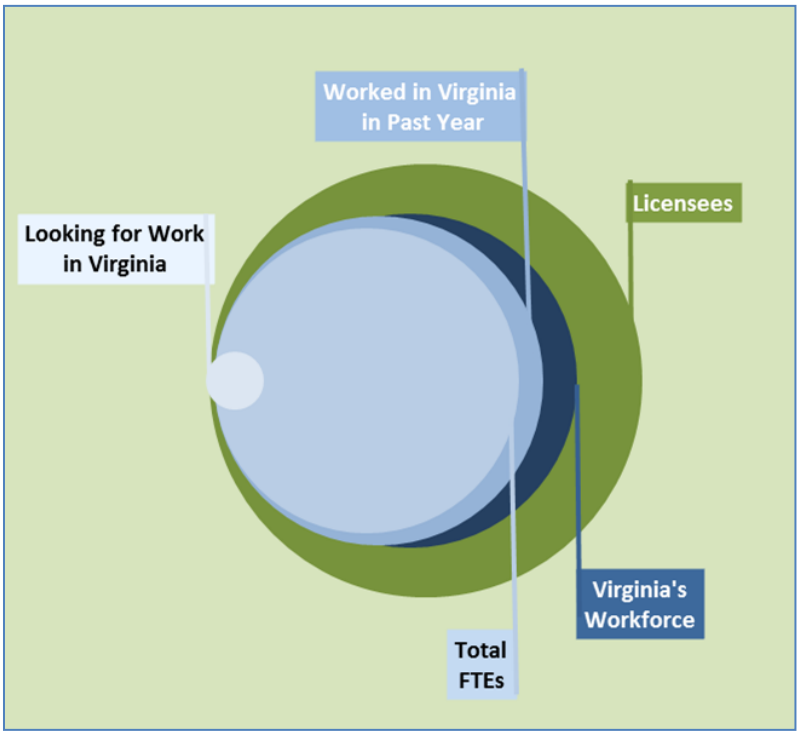
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 hours (40 hours for 50 weeks with 2 weeks off) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Pharmacist Workforce		
Status	#	%
Worked in Virginia in Past Year	8,974	98%
Looking for Work in Virginia	196	2%
Virginia's Workforce	**9,170**	**100%**
Total FTEs	**7,672**	
Licensees	**17,242**	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	87	23%	298	77%	385	6%
30 to 34	246	27%	665	73%	911	13%
35 to 39	308	29%	745	71%	1,053	16%
40 to 44	335	31%	736	69%	1,072	16%
45 to 49	219	28%	562	72%	781	12%
50 to 54	188	27%	509	73%	697	10%
55 to 59	228	33%	465	67%	693	10%
60 +	516	43%	676	57%	1,192	18%
Total	**2,128**	**31%**	**4,656**	**69%**	**6,784**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	69%
% Under 40 Female:	73%

Age

Median Age:	45
% Under 40:	35%
% 55+:	28%

Diversity

Diversity Index:	57%
Under 40 Div. Index:	60%

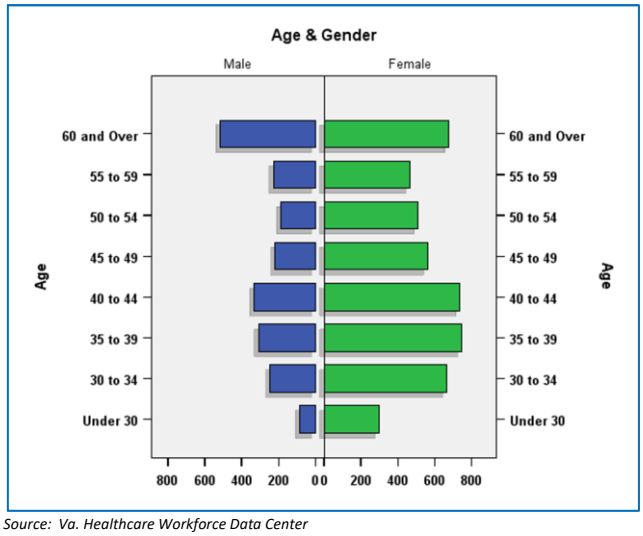
Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacists		Pharmacists Under 40	
	%	#	%	#	%
White	59%	4,150	61%	1,319	56%
Black	19%	858	13%	280	12%
Asian	7%	1,386	20%	581	25%
Other Race	0%	115	2%	27	1%
Two or more races	3%	137	2%	69	3%
Hispanic	11%	140	2%	65	3%
Total	**100%**	**6,786**	**100%**	**2,341**	**100%**

** Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023. *Source: Va. Healthcare Workforce Data Center*

In a chance encounter between two pharmacists, there is a 57% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 60%.

35% of pharmacists are under the age of 40, and 73% of these professionals are female. In addition, pharmacists who are under the age of 40 have a diversity index of 60%, slightly higher that Virginia's population.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	17%
Rural Childhood:	32%

Virginia Background

HS in Virginia:	47%
Prof. Education in VA:	49%
HS/Prof. Educ. in VA:	57%

Location Choice

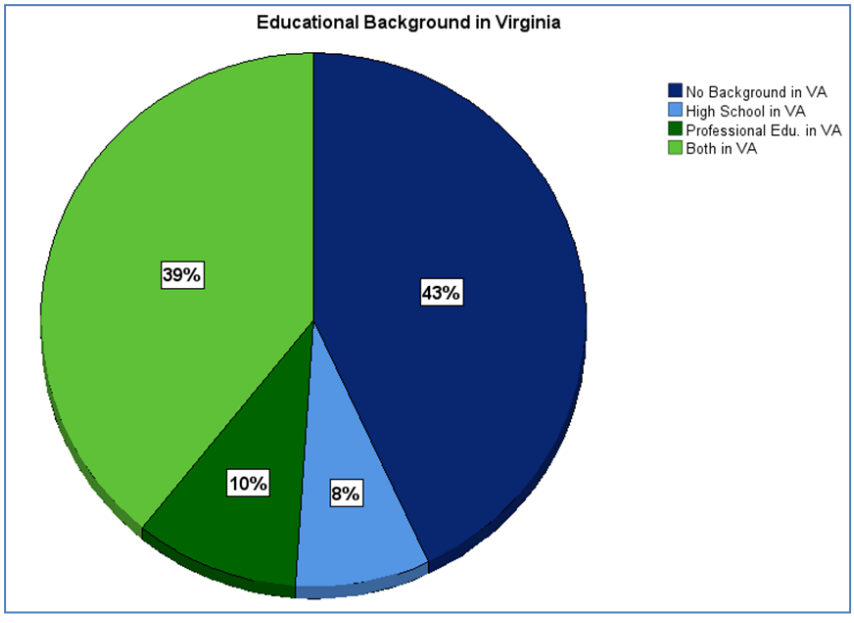
% Rural to Non-Metro:	22%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	21%	59%	20%
2	Metro, 250,000 to 1 million	52%	41%	7%
3	Metro, 250,000 or less	42%	46%	12%
	Non-Metro Counties			
4	Urban pop 20,000+, metro adjacent	56%	27%	17%
6	Urban pop, 5,000-19,999, metro adjacent	59%	29%	13%
7	Urban pop, 5,000-19,999, non adjacent	89%	9%	2%
8	Rural, metro adjacent	53%	36%	11%
9	Rural, non adjacent	69%	27%	4%
	Overall	**32%**	**52%**	**17%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

32% of pharmacists grew up in self-described rural areas, and 22% of these professionals currently work in non-metro counties. Overall, 10% of Virginia's pharmacist workforce currently work in non-metro counties.

Top Ten States for Pharmacy Recruitment

Rank	All Pharmacists			
	High School	#	Professional School	#
1	Virginia	3,110	Virginia	3,195
2	Outside U.S./Canada	864	Pennsylvania	410
3	Pennsylvania	380	Outside U.S./Canada	322
4	New York	269	North Carolina	308
5	Maryland	206	New York	214
6	West Virginia	188	Maryland	198
7	North Carolina	181	West Virginia	180
8	Ohio	128	Massachusetts	172
9	New Jersey	123	Washington, D.C.	162
10	Florida	118	Tennessee	138

Source: Va. Healthcare Workforce Data Center

47% of Virginia's pharmacists received their high school degree in Virginia, and 49% received their initial professional degree in the state.

Among pharmacists who have been licensed in the past five years, 36% received their high school degree in Virginia, and 40% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	475	Virginia	523
2	Outside U.S./Canada	197	North Carolina	87
3	Pennsylvania	67	Outside U.S./Canada	77
4	Maryland	51	Pennsylvania	59
5	North Carolina	47	Tennessee	54
6	West Virginia	46	Maryland	53
7	New York	41	West Virginia	43
8	Florida	35	New York	41
9	Ohio	30	Florida	33
10	California	23	Massachusetts	29

Source: Va. Healthcare Workforce Data Center

47% of Virginia's licensed pharmacists did not participate in Virginia's workforce in 2024. 93% of these professionals worked at some point in the past year, including 66% who currently work as pharmacists.

At a Glance:

Not in VA Workforce

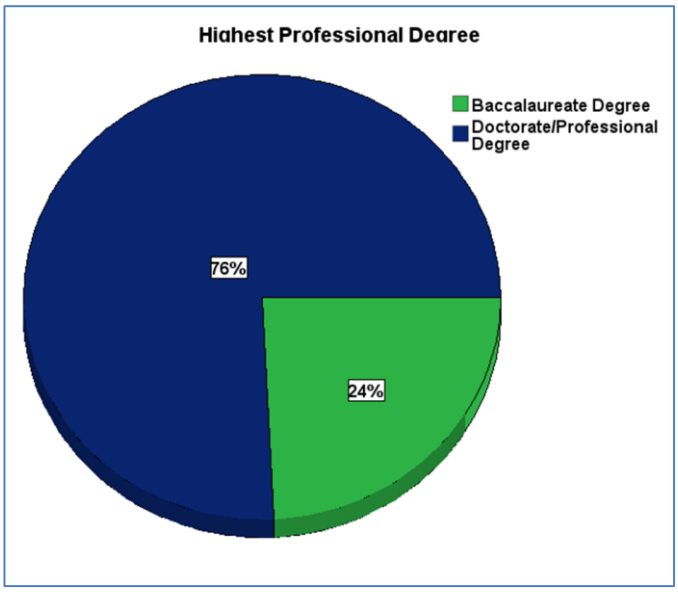
Total:	8,071
% of Licensees:	47%
Federal/Military:	7%
VA Border State/DC:	16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
B.S. Pharmacy	1,564	24%
Pharm.D.	4,894	76%
Total	**6,458**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

40% of pharmacists currently have educational debt, including 69% of those under the age of 40. For those with educational debt, the median debt is between $140,000 and $160,000. Among those under the age of 40 with debt, median is $180,000 to $220,000.

At a Glance:

Education

B.S. Pharmacy: 24%
Pharm.D.: 76%

Educational Debt

Carry debt: 40%
Under age 40 w/ debt: 69%
Median debt: $140k-$160k

Source: Va. Healthcare Workforce Data Center

76% of pharmacists hold a Doctorate in Pharmacy as their highest professional degree, while all remaining professionals have earned a Bachelor's degree in Pharmacy.

Educational Debt				
Amount Carried	All Pharmacists		Pharmacists Under 40	
	#	%	#	%
None	3,113	60%	548	31%
$30,000 or less	234	5%	60	3%
$30,001-$49,999	133	3%	49	3%
$50,000-$69,999	159	3%	67	4%
$70,001-$89,999	121	2%	61	3%
$90,000-109,999	147	3%	89	5%
$110,000-$139,999	211	4%	139	8%
$140,000-$179,999	264	5%	193	11%
$180,000-$219,999	278	5%	208	12%
$220,000-$259,999	203	4%	151	9%
$260,000-$299,999	116	2%	77	4%
$300,000 or more	185	4%	114	6%
Total	**5,164**	**100%**	**1,756**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Top Specialties

Immunization:	13%
Community Pharmacy:	8%
Ambulatory Care:	5%

Top Board Certifications

BPS - Pharmacotherapy:	6%
BPS - Ambulatory Care:	1%
BCGP - Geriatrics:	1%

Top Residencies (PGY1)

Pharmacy Practice (Post 1993):	12%
Community Pharmacy:	5%
Pharmacy Practice (Pre 1993):	2%

Source: Va. Healthcare Workforce Data Center

PGY1		
Residency	#	%
Pharmacy Practice (Post 1993)	1,117	12%
Community Pharmacy	425	5%
Pharmacy Practice (Pre 1993)	189	2%
Managed Care Pharmacy	30	<1%
Total	**1,761**	**19%**
PGY2		
Ambulatory Care	103	1%
Critical Care	80	1%
Internal Medicine/Cardiology	60	1%
Health-system Pharmacy Administration	43	<1%
Infectious Disease	38	<1%
Oncology	36	<1%
Pediatrics	34	<1%
Psychiatry	25	<1%
Emergency Medicine	25	<1%
Drug Information	21	<1%
Geriatrics	19	<1%
Solid Organ Transplant	17	<1%
Pharmacotherapy	17	<1%
Other	137	1%
At Least One	**656**	**7%**

Source: Va. Healthcare Workforce Data Center

Board Certifications		
Certification	#	%
BPS-Pharmacotherapy	516	6%
BPS-Ambulatory Care	105	1%
BCGP-Geriatrics	75	1%
BPS-Oncology	49	1%
BPS- Psychiatric	18	<1%
BPS- Nutrition	10	<1%
BPS-Nuclear Pharmacy	9	<1%
ABAT-Applied Toxicology	1	<1%
Other Board Certification	303	3%
At Least One Certification	**984**	**11%**

Source: Va. Healthcare Workforce Data Center

11% of pharmacists hold a board certification, including 6% who hold a certification in Pharmacotherapy. 29% also have a self-designated specialty area, including 13% who have a specialization in immunization.

At a Glance:

Top Services

Immunization:	25%
Medication Management:	23%
Compounding:	16%

Disease Management

Anticoagulation:	41%
Diabetes:	41%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Disease Management in Collaborative Practice		
	#	%
Anticoagulation	307	41%
Diabetes	303	41%
Hypertension	293	39%
Hypercholesterolemia	261	35%
Tobacco Cessation	193	26%
Asthma	187	25%
Travel Medications	114	15%
At least one	**664**	**65%**

Source: Va. Healthcare Workforce Data Center

65% of the 669 pharmacists with a collaborative practice agreement were involved in providing at least one disease management service; anticoagulation and diabetes were the most commonly reported by 41% of those with the agreement. 23% of pharmacists in the workforce also utilized at least one of the listed statewide protocols at either a primary or secondary work location.

Services Provided				
Services	Primary		Secondary	
	#	%	#	%
Primary Service, Immunization	2,338	25%	2,338	25%
Primary Service, Medication Therapy Management	2,094	23%	235	3%
Primary Service, Compounding	1,457	16%	177	2%
Primary Service, Central Filling	1,175	13%	158	2%
Primary Service, Remote Order Processing	963	11%	122	1%
Primary Service, Collaborative Practice Agreement	669	7%	78	1%
At Least One	**4,030**	**44%**	**2,567**	**28%**

Source: Va. Healthcare Workforce Data Center

Statewide Protocols		
	#	%
Vaccines for Ages 18+	1,673	18%
Naloxone	1,378	15%
Vaccines for Ages 3-17	1,365	15%
Coronavirus Testing	515	6%
Hormonal Contraception	499	5%
Influenza Virus Infection	468	5%
Group A Streptococcus Bacteria Infection	358	4%
Epinephrine	351	4%
Lowering Out-of-Pocket Expenses	271	3%
Emergency Contraception	266	3%
Prenatal Vitamins	160	2%
HIV Post-Exposure Prophylaxis	122	1%
HIV Pre-Exposure Prophylaxis	104	1%
Tuberculin Skin Testing	38	<1%
At Least One	**2,095**	**23%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 92%
Involuntarily Unemployed: 1%

Positions Held

1 Full-time: 74%
2 or More Positions: 9%

Weekly Hours:

40 to 49: 54%
60 or more: 4%
Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	8	<1%
Employed in a pharmacy-related capacity	5,969	92%
Employed, NOT in a pharmacy-related capacity	233	4%
Not working, reason unknown	0	0%
Involuntarily unemployed	34	1%
Voluntarily unemployed	144	2%
Retired	102	2%
Total	**6,491**	**100%**

Source: Va. Healthcare Workforce Data Center

92% of Virginia's pharmacists are currently employed in the profession, and 1% of all pharmacy professionals are involuntarily unemployed at the survey period. 74% of the state's pharmacist workforce have one full-time job, while 9% of pharmacists have multiple positions. 54% of pharmacists work between 40 and 49 hours per week, while 4% of pharmacy professionals work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	280	4%
One Part-Time Position	783	12%
Two Part-Time Positions	112	2%
One Full-Time Position	4,684	74%
One Full-Time Position & One Part-Time Position	428	7%
Two Full-Time Positions	9	<1%
More than Two Positions	40	1%
Total	**6,336**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	280	4%
1 to 9 hours	160	3%
10 to 19 hours	198	3%
20 to 29 hours	376	6%
30 to 39 hours	1,242	20%
40 to 49 hours	3,392	54%
50 to 59 hours	407	6%
60 to 69 hours	119	2%
70 to 79 hours	59	1%
80 or more hours	52	1%
Total	**6,285**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	34	1%
$50,000 or less	279	6%
$50,001-$60,000	87	2%
$60,001-$70,000	103	2%
$70,001-$80,000	91	2%
$80,001-$90,000	86	2%
$90,001-$100,000	127	3%
$100,001-$110,000	252	5%
$110,001-$120,000	314	7%
$120,001-$130,000	497	11%
$130,001-$140,000	494	11%
$140,001-$150,000	571	12%
More than $150,000	1,736	37%
Total	**4,671**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: $130k-140k

Benefits
Employer Retirement: 68%
Employer Health Insurance: 71%

Satisfaction
Satisfied: 92%
Very Satisfied: 49%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,082	49%
Somewhat Satisfied	2,626	42%
Somewhat Dissatisfied	393	6%
Very Dissatisfied	137	2%
Total	**6,238**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical pharmacist earned between $130,000 and $140,000 in 2025. Among pharmacists who received either an hourly wage or a salary as compensation at their primary work location, 71% received health insurance and 68% also had access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation Leave	4,428	74%	80%
Retirement	3,714	62%	68%
Health Insurance	3,917	66%	71%
Dental Insurance	3,815	64%	69%
Paid Sick Leave	3,182	53%	58%
Group Life Insurance	2,692	45%	49%
Signing/Retention Bonus	626	10%	11%
Received At Least One Benefit	**4,680**	**78%**	**84%**

*From any employer at time of survey.
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	92	1%
Experience Voluntary Unemployment?	210	2%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	153	2%
Work two or more positions at the same time?	712	8%
Switch employers or practices?	385	4%
Experienced at least 1	**1,327**	**14%**

Source: Va. Healthcare Workforce Data Center

1% of Virginia's pharmacists experienced involuntary unemployment at some point in 2025. By comparison, Virginia's average monthly unemployment rate was 3.6%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	108	2%	71	9%
Less than 6 Months	443	7%	95	12%
6 Months to 1 Year	490	8%	85	10%
1 to 2 Years	1,109	19%	152	19%
3 to 5 Years	1,461	24%	175	22%
6 to 10 Years	879	15%	108	13%
More than 10 Years	1,503	25%	124	15%
Subtotal	**5,993**	**100%**	**810**	**100%**
Did not have location	258		8,327	
Item Missing	2,918		34	
Total	**9,170**		**9,170**	

Source: Va. Healthcare Workforce Data Center

A little over half of all pharmacists receive a salary or commission at their primary work location, while 44% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Stability

Switched: 4%
New Location: 19%
Over 2 years: 64%
Over 2 yrs, 2nd location: 50%

Employment Type

Salary or Wage: 94%

Source: Va. Healthcare Workforce Data Center

64% of pharmacists have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	2,473	51%
Hourly Wage	2,127	44%
By Contract	48	1%
Business/ Practice Income	189	4%
Unpaid	35	1%
Subtotal	**4,873**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. The unemployment rate from December 2025 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	72%
Lowest Region:	2%

Locations

2 or more (2024):	9%
2 or more (Now*):	12%

Source: Va. Healthcare Workforce Data Center

More than seven out of ten pharmacists in the state work in either Northern Virginia, Hampton Roads, or Central Virginia.

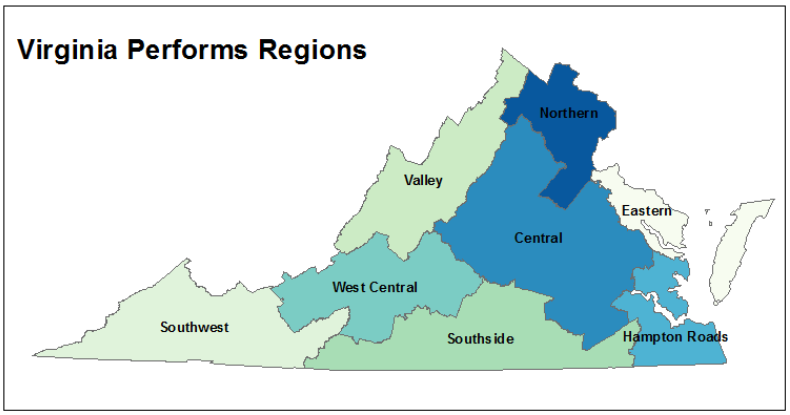
Number of Work Locations				
Locations	Work Locations in 2023		Work Locations Now*	
	#	%	#	%
0	256	3%	274	4%
1	8,073	88%	5,159	84%
2	496	5%	475	8%
3	219	2%	179	3%
4	24	0%	15	0%
5	14	0%	9	0%
6 or More	88	1%	67	1%
Total	**9,170**	**100%**	**6,178**	**100%**

*At the time of survey completion, December 2025. *Source: Va. Healthcare Workforce Data Center*

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,603	27%	160	20%
Eastern	95	2%	17	2%
Hampton Roads	1,028	17%	143	17%
Northern	1,654	28%	189	23%
Southside	172	3%	21	3%
Southwest	337	6%	52	6%
Valley	329	6%	46	6%
West Central	658	11%	102	12%
Virginia Border State/DC	41	1%	31	4%
Other US State	46	1%	56	7%
Outside of the US	2	0%	2	0%
Total	**5,965**	**100%**	**819**	**100%**
Item Missing	2,948		24	

Source: Va. Healthcare Workforce Data Center



Over the past year, 9% of Virginia's pharmacists worked at multiple locations.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,333	60%	524	69%
Non-Profit	1,671	30%	184	24%
State/Local Government	183	3%	25	3%
Veterans Administration	164	3%	7	1%
U.S. Military	98	2%	11	1%
Other Federal Gov't	78	1%	5	1%
Total	**5,527**	**100%**	**756**	**100%**
Did not have location	258		8,327	
Item Missing	3,384		88	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

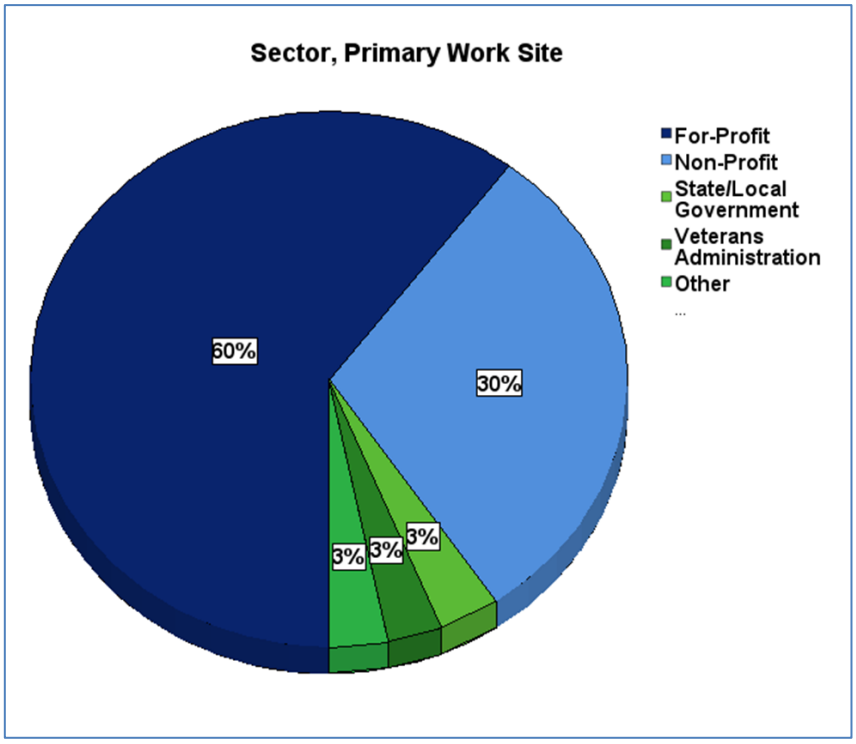
For Profit: 60%
Federal: 6%

Top Establishments

Hospital/Health System: (Inpatient) 26%
Large Chain Pharmacy: (11+ Stores) 23%
Hospital/Health System: (Outpatient) 10%

Source: Va. Healthcare Workforce Data Center

90% of all pharmacists work in the private sector, including 60% who work at a for-profit company. Another 6% of pharmacists work for the federal government, while 3% work for a state or local government.



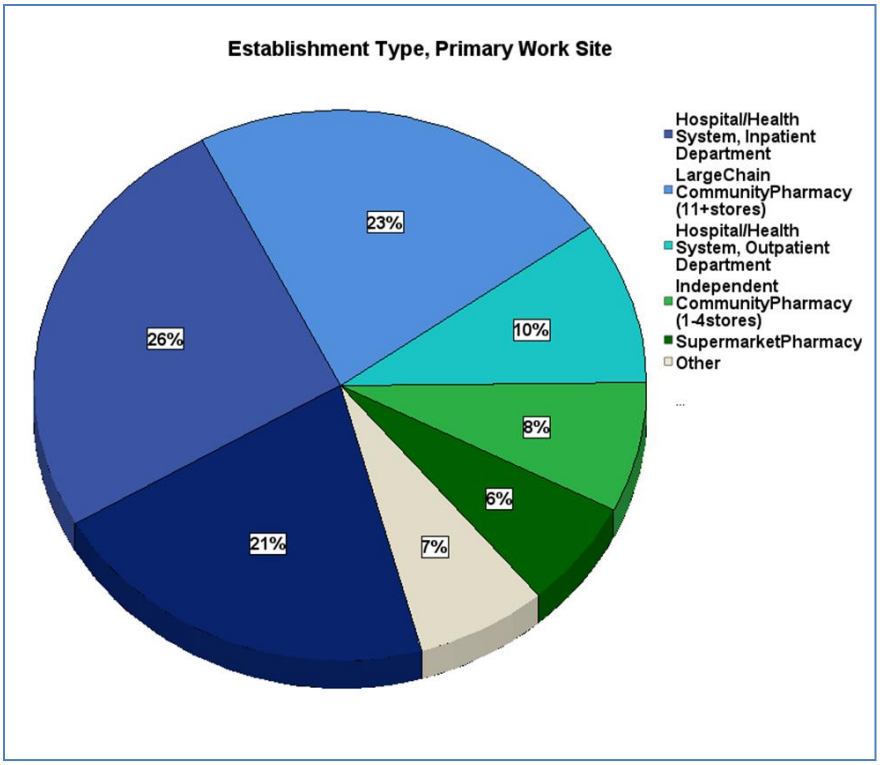
Source: Va. Healthcare Workforce Data Center

Top Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital/Health System, Inpatient Department	1,411	26%	150	21%
Large Chain Community Pharmacy	1,237	23%	172	24%
Hospital/Health System, Outpatient Department	524	10%	46	6%
Independent Community Pharmacy	417	8%	93	13%
Supermarket Pharmacy	345	6%	51	7%
Clinic-Based Pharmacy	212	4%	41	6%
Mass Merchandiser (i.e., Big Box Store)	175	3%	23	3%
Benefit Administration	169	3%	10	1%
Nursing Home/Long-Term Care	157	3%	27	4%
Academic Institution	121	2%	29	4%
Mail Service Pharmacy	100	2%	8	1%
Home Health/Infusion	85	2%	3	0%
Manufacturer	56	1%	4	1%
Small Chain Community Pharmacy	55	1%	8	1%
Wholesale Distributor	12	0%	1	0%
Other	378	7%	65	9%
Total	**5,454**	**100%**	**731**	**100%**
Did Not Have a Location	258		8,327	

Source: Va. Healthcare Workforce Data Center

Hospital, health system, inpatient department is the most common establishment type in Virginia, employing over a quarter of the state's pharmacist workforce.

Large chain community pharmacies of more than 10 stores were the most common establishment type among pharmacists who had a secondary work location.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	80%-89%
Administration:	1%-9%

Roles

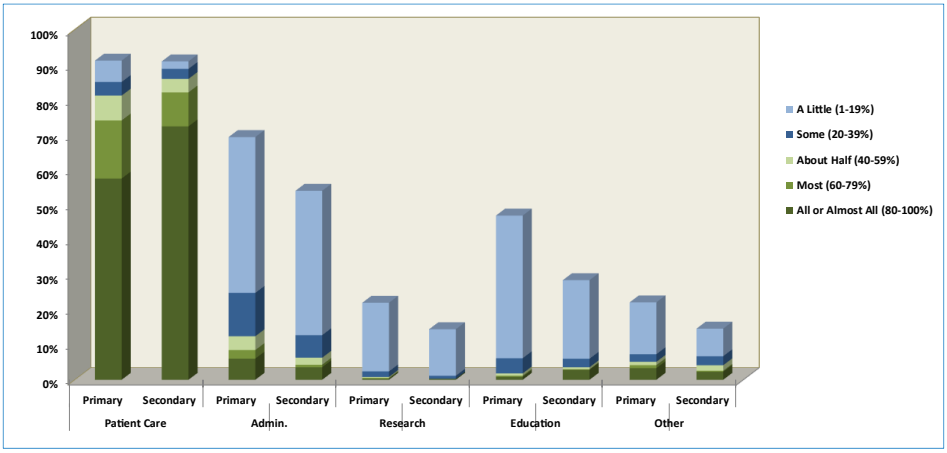
Patient Care:	74%
Administration:	8%
Education:	1%

Patient Care Pharmacists

Median Admin Time:	1%-9%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical pharmacist spends most of her time in patient care activities. In fact, almost three-quarters of pharmacists fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Research		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	57%	72%	6%	4%	0%	0%	1%	3%	3%	2%
Most (60-79%)	17%	10%	2%	1%	0%	0%	0%	0%	1%	0%
About Half (40-59%)	7%	4%	4%	2%	0%	0%	1%	1%	1%	2%
Some (20-39%)	4%	3%	12%	6%	2%	1%	4%	2%	2%	3%
A Little (1-20%)	6%	2%	44%	41%	20%	13%	41%	22%	15%	8%
None (0%)	9%	9%	31%	46%	78%	86%	53%	72%	78%	85%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	159	3%	-	-
50 to 54	209	4%	0	0%
55 to 59	578	12%	133	7%
60 to 64	1,350	27%	518	28%
65 to 69	1,730	35%	726	39%
70 to 74	439	9%	257	14%
75 to 79	142	3%	87	5%
80 or over	70	1%	37	2%
I do not intend to retire	251	5%	111	6%
Total	**4,926**	**100%**	**1,869**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Pharmacists

Under 65: 47%

Under 60: 20%

Pharmacists 50 and over

Under 65: 36%

Under 60: 8%

Time until Retirement

Within 2 years: 7%

Within 10 years: 26%

Half the workforce: By 2049

Source: Va. Healthcare Workforce Data Center

47% of Virginia's pharmacists expect to retire before the age of 65, while 18% plan on working until at least age 70. Among pharmacists who are age 50 and over, 36% still plan on retiring by age 65, while 27% expect to work until at least age 70.

Within the next two years, 2% of Virginia's pharmacists plan on leaving the profession and 2% expect to leave the state. Meanwhile, 6% of pharmacists expect to pursue additional educational opportunities, and 6% plan on increasing the number of hours that they devote to patients.

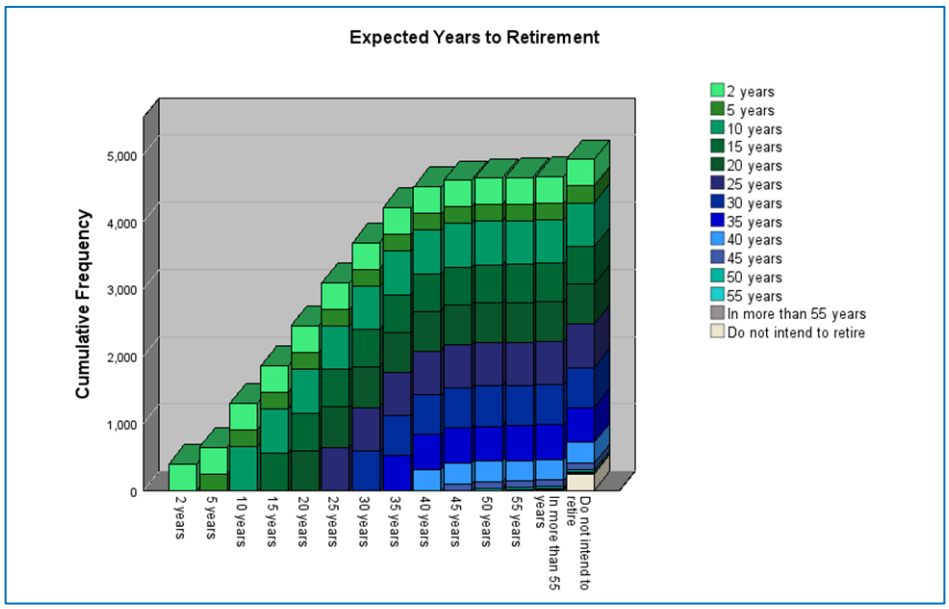
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	145	2%
Leave Virginia	168	2%
Decrease Patient Care Hours	226	2%
Decrease Teaching Hours	29	<1%
Increase Participation		
Increase Patient Care Hours	512	6%
Increase Teaching Hours	284	3%
Pursue Additional Education	527	6%
Return to Virginia's Workforce	85	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacists. Only 8% of pharmacists plan on retiring in the next two years, while 26% plan on retiring in the next ten years. More than half of the current pharmacist workforce is expected to retire by 2050.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	395	8%	8%
5 years	250	5%	13%
10 years	650	13%	26%
15 years	562	11%	38%
20 years	593	12%	50%
25 years	647	13%	63%
30 years	593	12%	75%
35 years	520	11%	85%
40 years	310	6%	92%
45 years	98	2%	94%
50 years	32	1%	94%
55 years	8	0%	95%
In more than 55 years	17	0%	95%
Do not intend to retire	251	5%	100%
Total	**4,926**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2035. Retirement will peak at 13% of the current workforce around 2035 and again in 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total:	7,672
FTEs/1,000 Residents[2]:	0.880
Average:	0.86

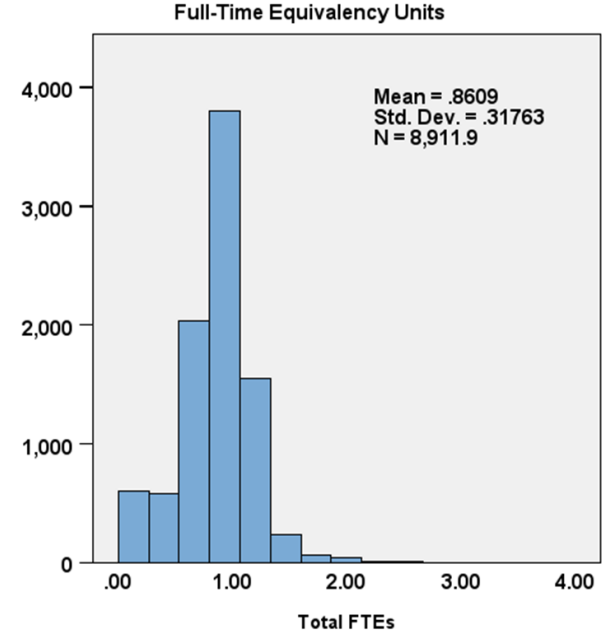
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Negligible

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

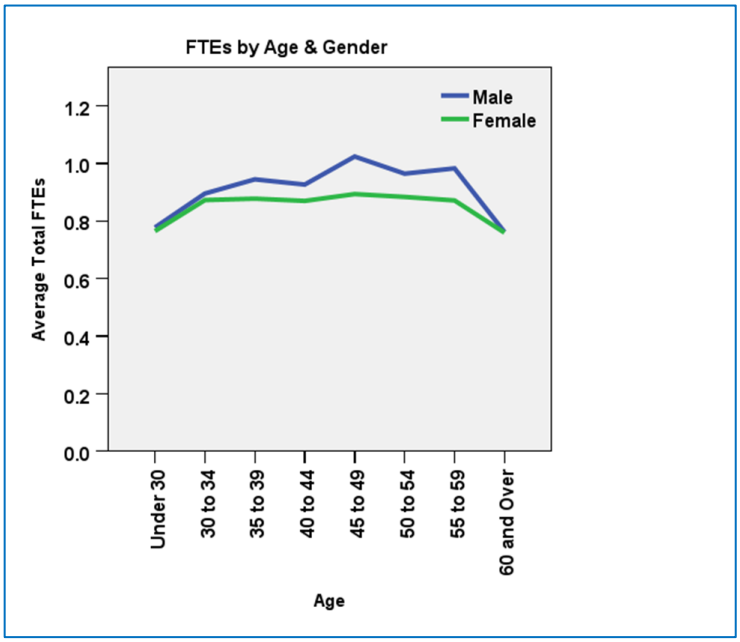


Source: Va. Healthcare Workforce Data Center

The typical pharmacist provided 0.86 FTEs in 2025, or about 34 hours per week for 52 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
	Average	Median
Under 30	0.78	0.86
30 to 34	0.88	0.86
35 to 39	0.88	0.86
40 to 44	0.84	0.77
45 to 49	0.94	0.99
50 to 54	0.93	1.01
55 to 59	0.88	0.80
60 and Over	0.75	0.72
Gender		
Male	0.90	0.99
Female	0.85	0.93

Source: Va. Healthcare Workforce Data Center

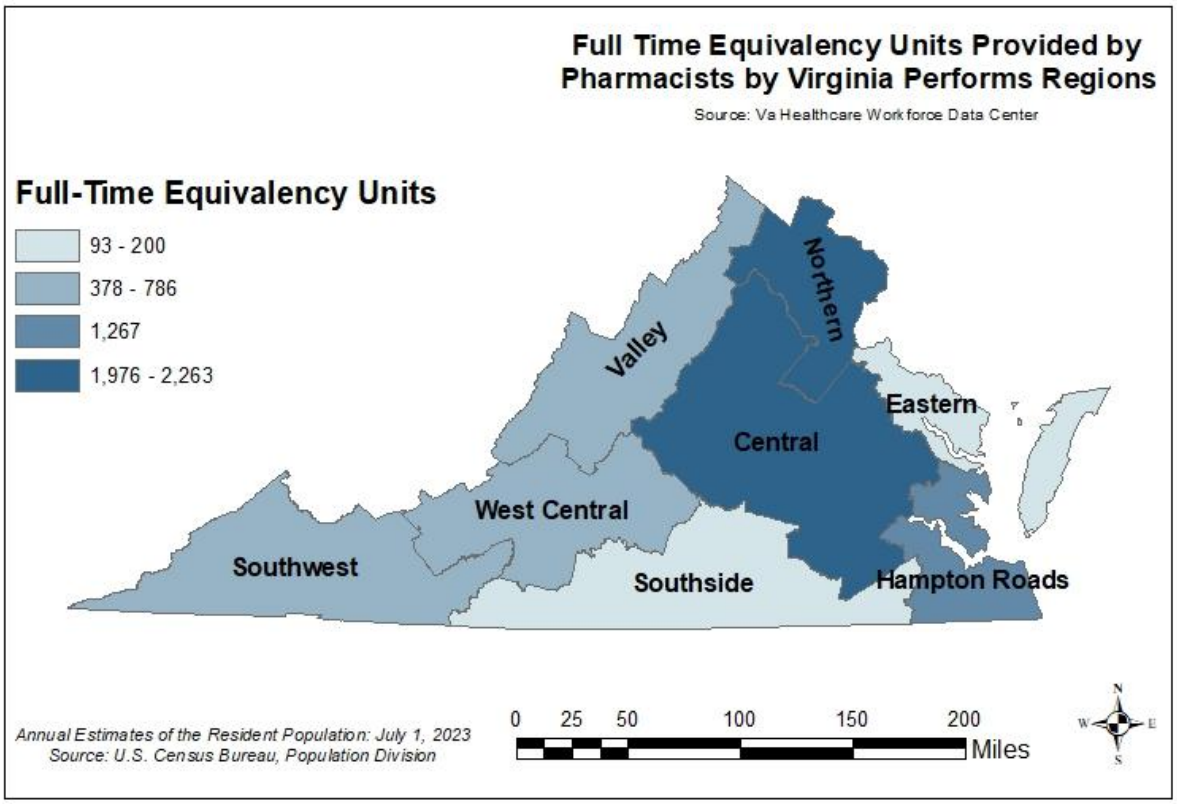


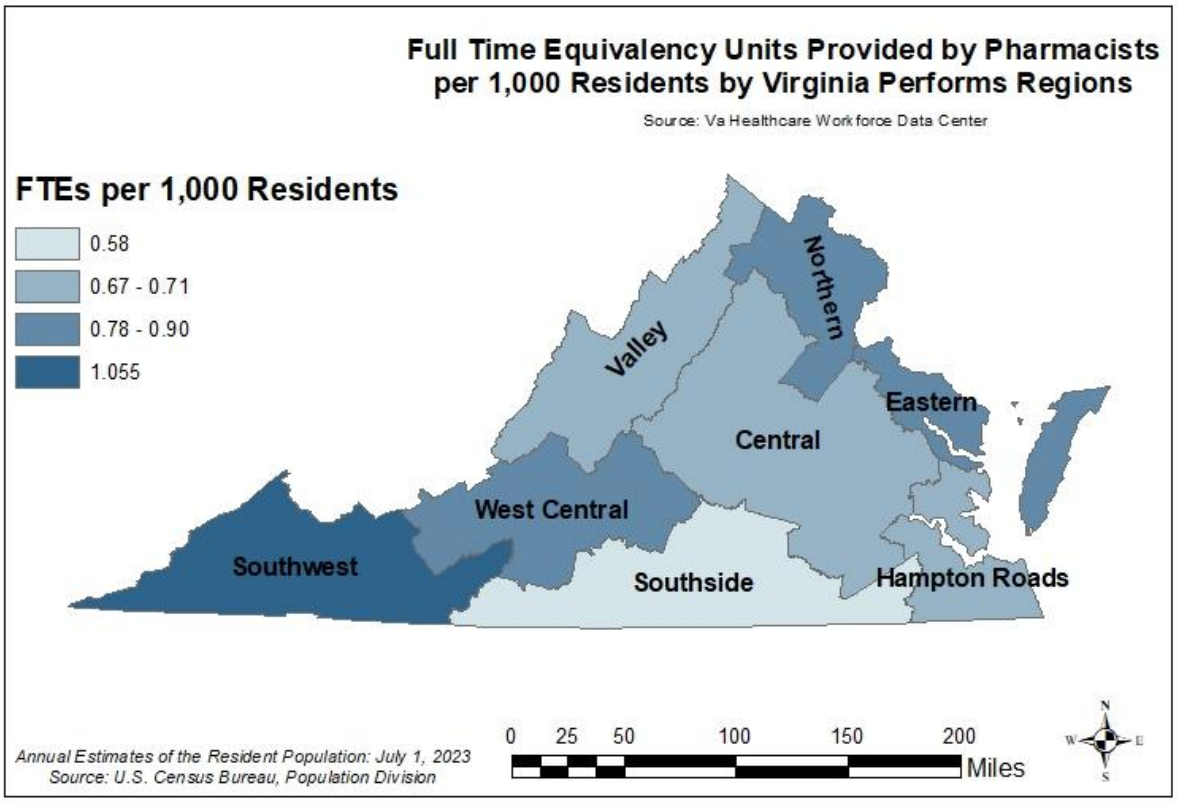
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2023 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test & Interaction effect are significant).

Maps

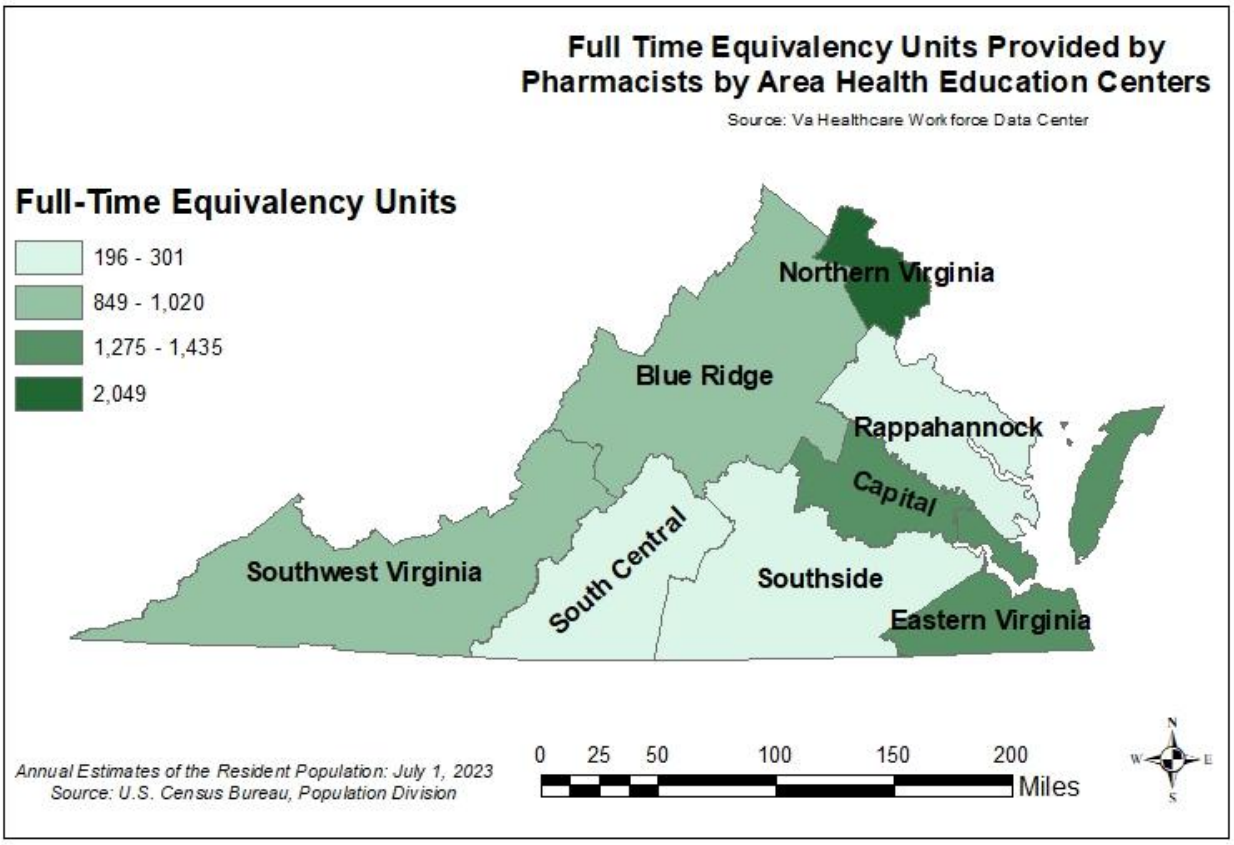
Virginia Performs Regions

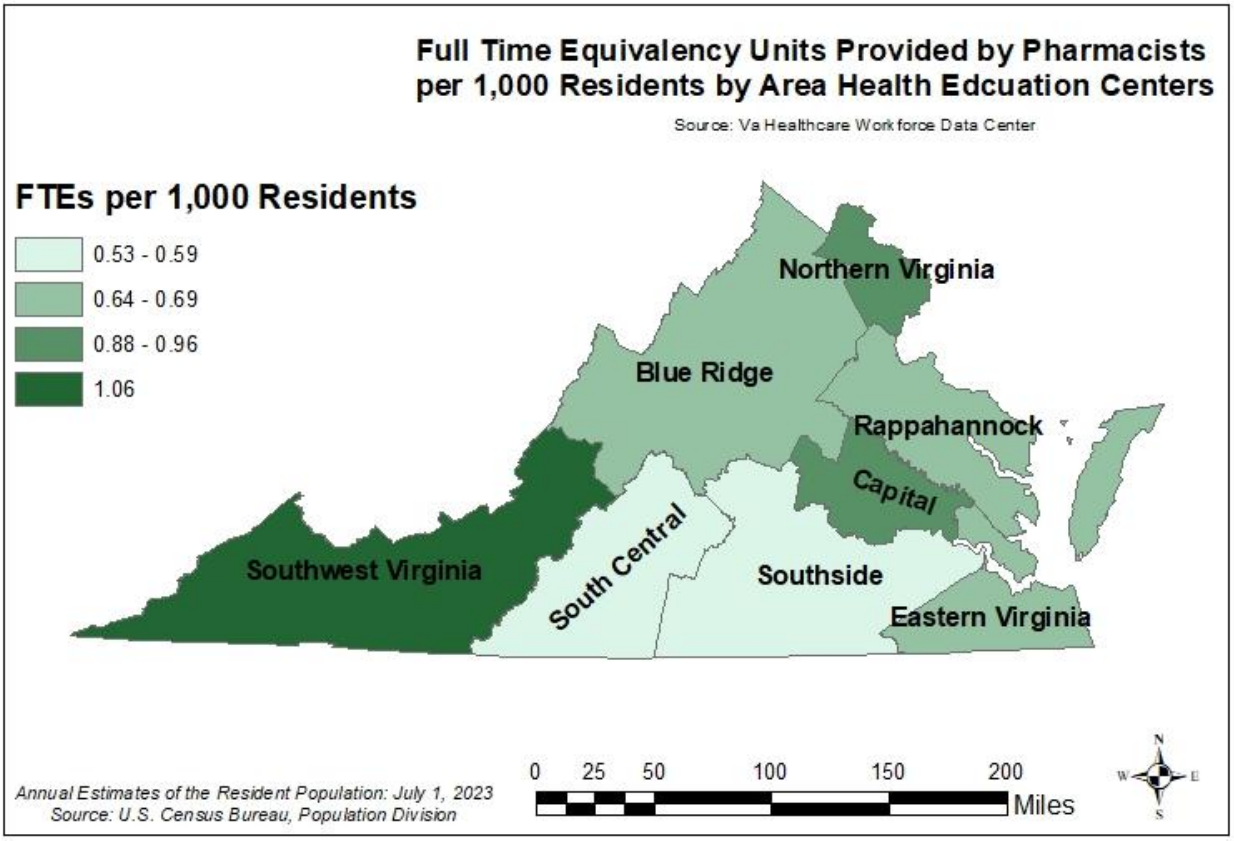




*Virginia performs regions are utilized across the state of Virginia by multiples stakeholders and state agencies.

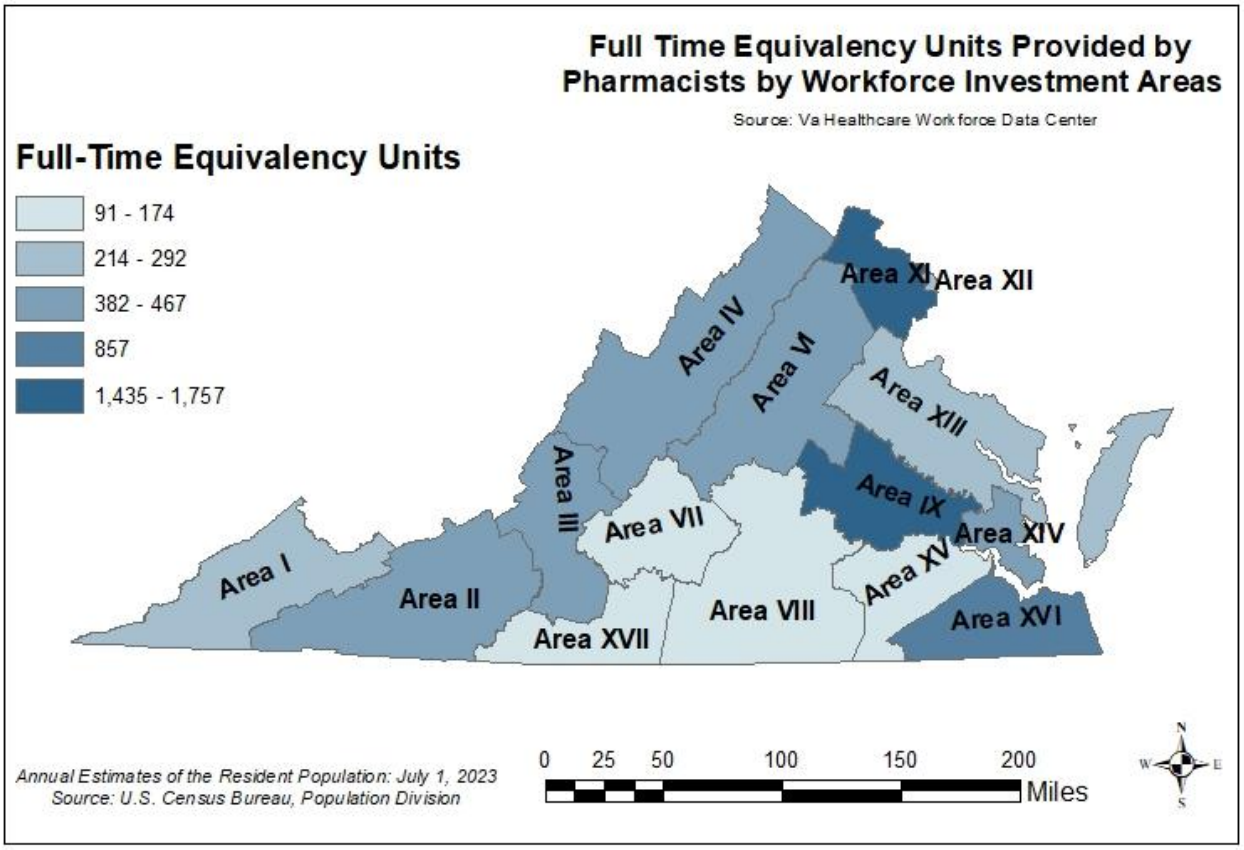
Area Health Education Center Regions

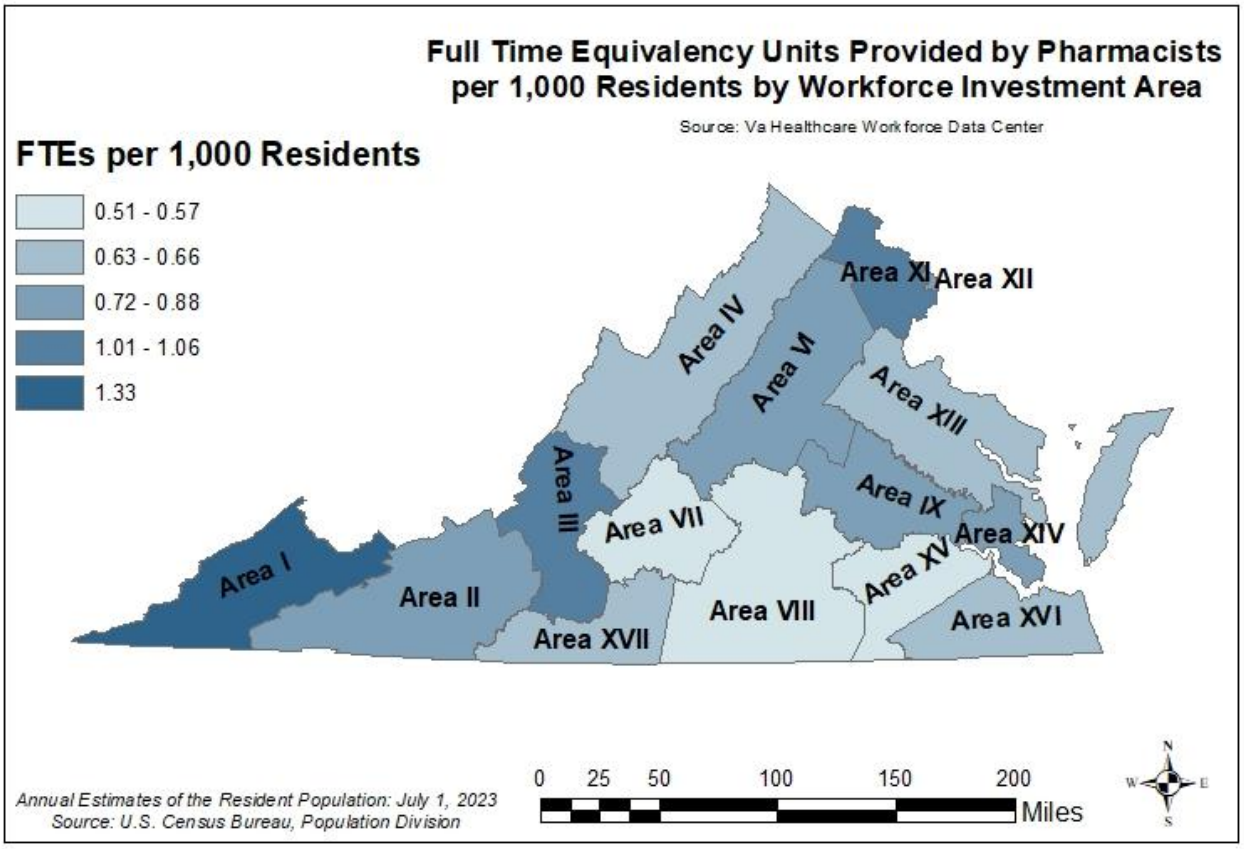




*The Virginia Area Health Education Center regions are utilized by the Virginia Department of Health to assess primary care access.

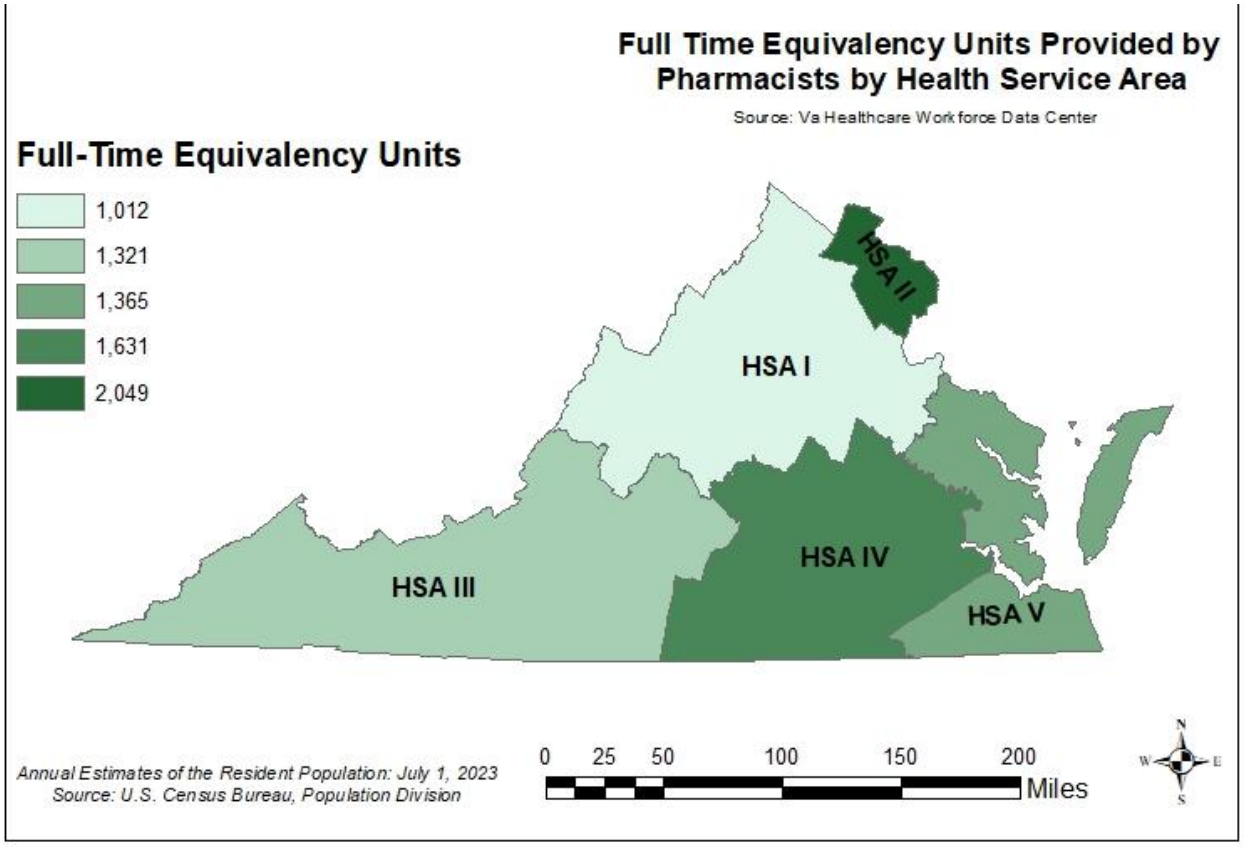
Workforce Investment Areas

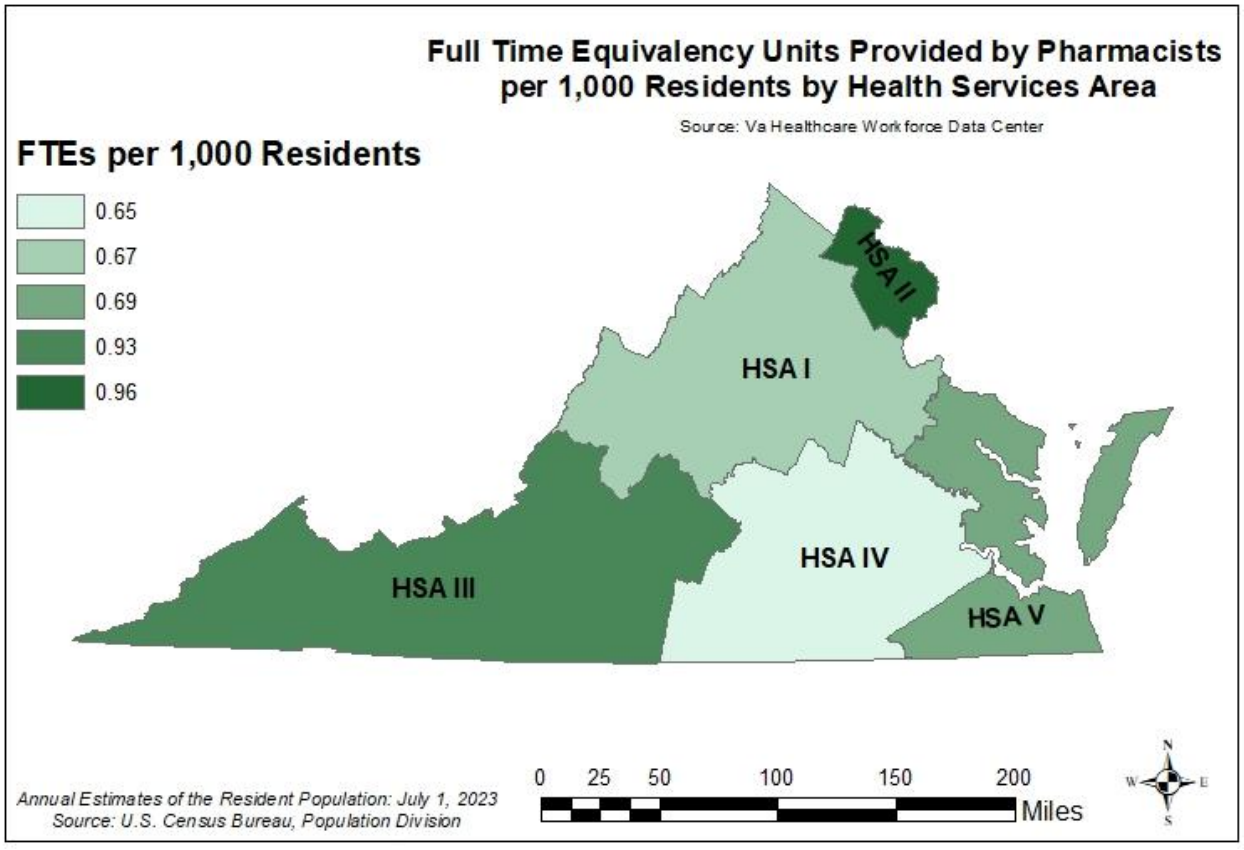




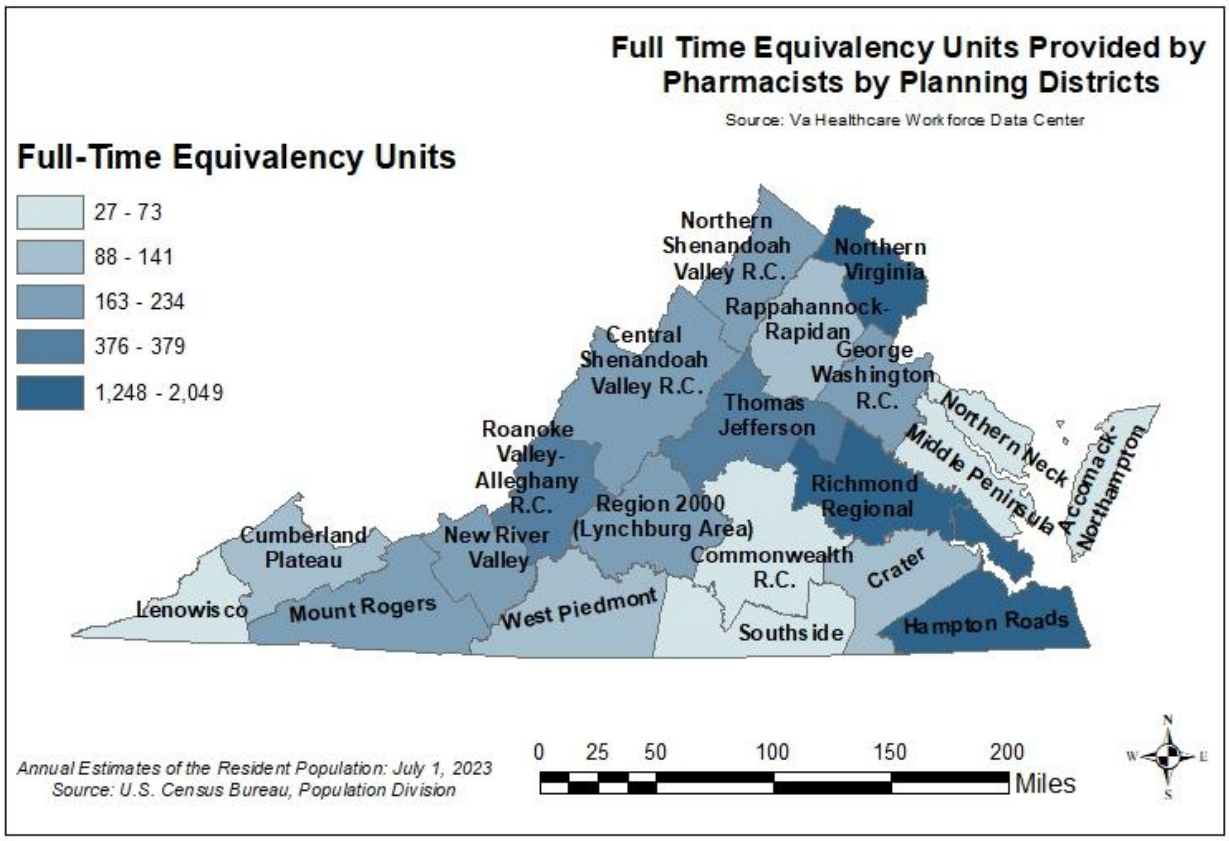
*Workforce Investment Areas are utilized by the Virginia Department of Workforce Development and Advancement.

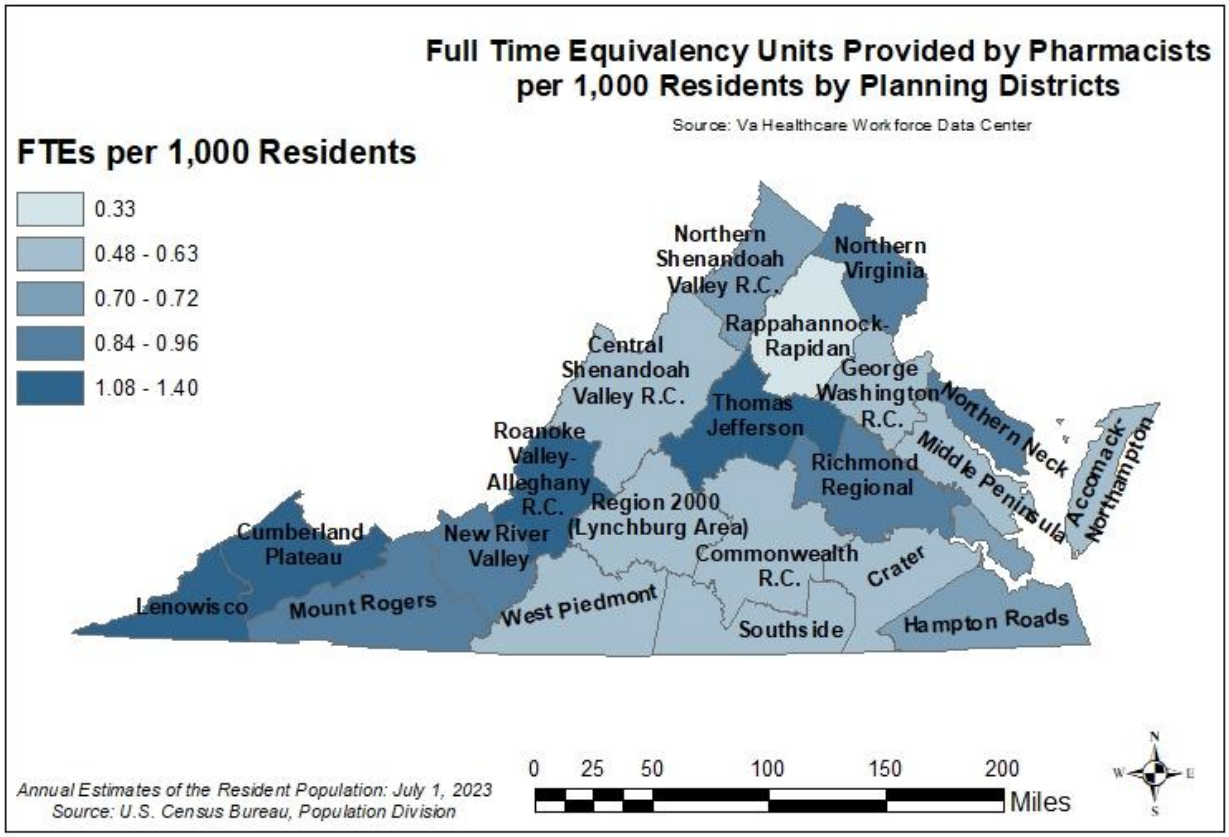
Health Services Areas





*Health Services Areas are utilized by the Virginia Department of Health and Virginia's Department to Medical Assistance Services to identify areas with a low concentration of healthcare professionals.





*Planning Districts are used by the Virginia Department of Housing and Community Development to assist local and state government collaboration.

Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	6,909	92.39%	1.0824	1.0611	1.1663
Metro, 250,000 to 1 million	933	92.93%	1.0761	1.0549	1.1596
Metro, 250,000 or less	1,169	92.22%	1.0844	1.0631	1.1685
Urban pop 20,000+, Metro adj	123	90.24%	1.1081	1.0863	1.1940
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	359	90.53%	1.1046	1.0829	1.1903
Urban pop, 2,500-19,999, nonadj	294	91.84%	1.0889	1.0674	1.1733
Rural, Metro adj	241	92.12%	1.0856	1.0642	1.1698
Rural, nonadj	134	89.55%	1.1167	1.0947	1.2033
Virginia border state/DC	3,008	88.93%	1.1245	1.1023	1.2117
Other US State	4,072	87.52%	1.1425	1.1200	1.2311

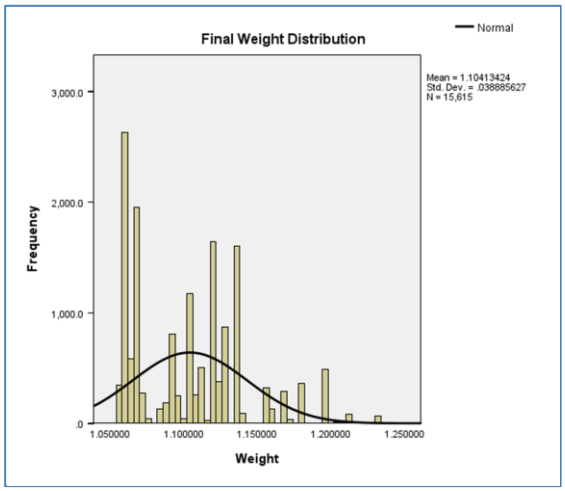
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate =
Final Weight.

Overall Response Rate: 0.90564



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	608	84.05%	1.1898	1.1596	1.2311
30 to 34	1,946	89.62%	1.1158	1.0875	1.1546
35 to 39	2,954	91.64%	1.0912	1.0635	1.1291
40 to 44	2,870	92.33%	1.0830	1.0555	1.1206
45 to 49	2,213	92.36%	1.0827	1.0552	1.1203
50 to 54	1,930	92.38%	1.0824	1.0549	1.1200
55 to 59	1,770	91.92%	1.0879	1.0602	1.1257
60 and Over	2,951	86.38%	1.1577	1.1283	1.1979

Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Pharmacy Technician Workforce: 2025

Healthcare Workforce Data Center

February 2026

Virginia Department of Health Professions
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https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

In total, 11,272 Pharmacy Technicians voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for their ongoing cooperation.*

Thank You!

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Contents

The Pharmacy Technician Workforce At a Glance:

The Workforce

Registrants:	14,851
Virginia's Workforce:	13,645
FTEs:	10,400
Trainees*:	7,690

Background

Rural Childhood:	38%
HS Degree in VA:	73%
% Work Non-Metro:	12%

Current Employment

Employed in Prof.:	84%
Hold 1 Full-Time Job:	70%
Satisfied?:	91%

Survey Response Rate

All Registrants:	76%
Renewing Practitioners:	97%

Education

High School/GED:	56%
Associate Degree:	20%

Job Turnover

Switched Jobs:	4%
Employed Over 2 Yrs.:	57%

Demographics

Female:	84%
Diversity Index:	64%
Median Age:	36

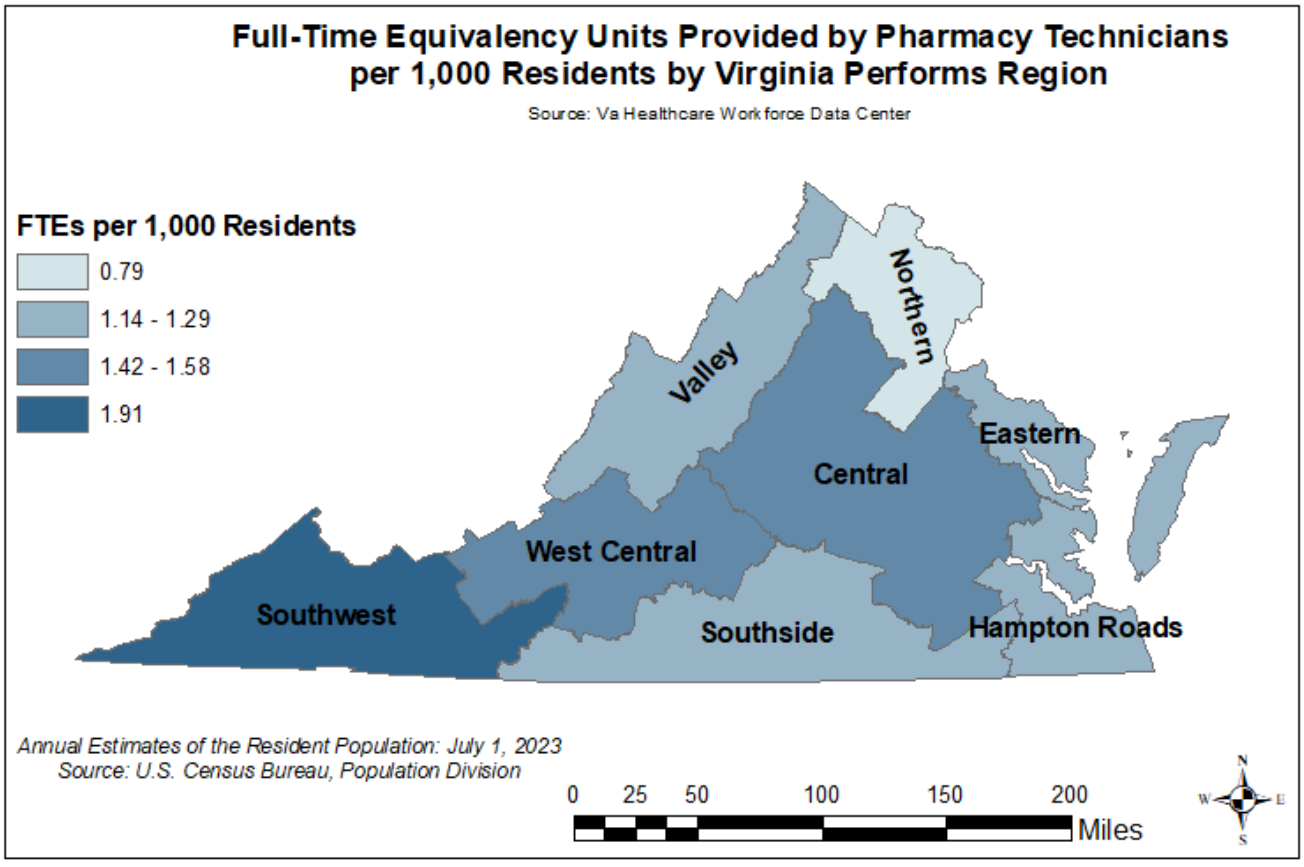
Finances

Median Income:	$40k-$45k
Health Insurance:	60%
Under 40 w/ Ed. Debt:	45%

Primary Roles

Medication Disp.:	57%
Administration:	6%
Supervision:	2%

Source: Va. Healthcare Workforce Data Center



*The survey was not available to Pharmacy Technician Trainees.

Results in Brief

This report contains the results of the 2025 Pharmacy Technician Workforce survey. A total of 11,272 pharmacy technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every December for pharmacy technicians. These survey respondents represent 76% of the 14,851 pharmacy technicians who are registered in the state and 97% of renewing practitioners. Additionally, there were 7,690 pharmacy technician trainees registered with the department of health professions, which represents a 66% increase since 2021.

The HWDC estimates that 13,645 pharmacy technicians participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's pharmacy technician workforce provided 10,400 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Overall, 84% of pharmacy technicians are female, and the median age of this workforce is 36. In a random encounter between two pharmacy technicians, there is a 64% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 67% among those pharmacy technicians who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Nearly two out of every five pharmacy technicians grew up in a rural area, and 26% of pharmacy technicians who grew up in a rural area currently work in a non-metro area of Virginia. In total, 12% of all pharmacy technicians work in a non-metro area.

Among all pharmacy technicians, 84% are currently employed in the profession, 70% hold one full-time position, and 49% work between 40 and 49 hours per week. Nine out of every ten pharmacy technicians are employed in the private sector, including 72% of pharmacy technicians who work in the for-profit sector. The median annual income for pharmacy technicians is between $40,000 and $45,000, and 90% receive this income as an hourly wage. In addition, 77% of pharmacy technicians receive at least one employer-sponsored benefit, including 60% who have access to health insurance. More than nine out of every ten pharmacy technicians indicated that they are satisfied with their current work situation, including 51% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 pharmacy technician workforce. The number of registered pharmacy technicians has grown by 1% (14,851 vs. 14,710). While the state's pharmacy technician workforce has fallen by 1% (13,645 vs. 13,834), the number of FTEs provided by this workforce has grown by 1% (10,400 vs. 10,327). Renewing pharmacy technicians are more likely to respond to the survey (97% vs. 96%).

The median age of Virginia's pharmacy technician workforce has risen (36 vs. 34). In addition, the diversity index of this workforce has increased (64% vs. 58%), a trend that has also occurred among those professionals who are under the age of 40 (67% vs. 62%). The percentage of pharmacy technicians who grew up in a rural area has declined (38% vs. 40%), and pharmacy technicians who grew up in a rural area are slightly less likely to work in a non-metro area (26% vs. 27%). In total, the percentage of all pharmacy technicians who work in a non-metro county has fallen (12% vs. 14%).

Pharmacy technicians are more likely to work in the profession (84% vs. 78%), hold one full-time position (70% vs. 62%), and work between 40 and 49 hours per week (49% vs. 41%). In addition, pharmacy technicians are more likely to work for an employer that requires a national certification as a condition for employment (68% vs. 42%). At the same time, pharmacy technicians are also more likely to have received a pay raise after having earned a national certification (46% vs. 36%). Pharmacy technicians are relatively more likely to work in either the inpatient or outpatient department of a hospital/health system (25% vs. 19%) than in a community pharmacy (39% vs. 47%). The median annual income of pharmacy technicians has increased ($40k-$45k vs. $20k-$25k). Although pharmacy technicians are less likely to hold education debt (36% vs. 40%), the median outstanding balance among those with education debt has increased ($16k-$18k vs. $14k-$16k). Pharmacy technicians are more likely to indicate that they are satisfied with their current work situation (91% vs. 89%), including those who indicated that they are "very satisfied" (51% vs. 48%).

A Closer Look:

Registrant Counts		
Registration Status	**#**	**%**
Renewing Practitioners	10,860	73%
New Registrants	2,019	14%
Non-Renewals	1,972	13%
All Registrants	**14,851**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing pharmacy technicians, 97% submitted a survey. These represent 76% of the 14,851 pharmacy technicians who were registered at some point in 2025.

Definitions

1. **The Survey Period:** The survey was conducted in December 2025.
2. **Target Population:** All professionals who held a Virginia registration at some point in 2025.
3. **Survey Population:** The survey was available to those who renewed their registration online. It was not available to those who did not renew, including some professionals newly registered in 2025.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	1,640	2,822	63%
30 to 34	474	1,598	77%
35 to 39	424	1,641	80%
40 to 44	310	1,346	81%
45 to 49	214	1,111	84%
50 to 54	154	932	86%
55 to 59	139	829	86%
60 and Over	224	993	82%
Total	**3,579**	**11,272**	**76%**
New Registrations			
Issued in 2025	1,387	632	31%
Metro Status			
Non-Metro	415	1,574	79%
Metro	2,531	8,864	78%
Not in Virginia	633	834	57%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**11,272**
Response Rate, All Registrants	**76%**
Response Rate, Renewals	**97%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Pharmacy Tech.

Number:	14,851
New:	14%
Not Renewed:	13%

Survey Response Rates

All Registrants:	76%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Pharmacy Tech. Workforce:	13,645
FTEs:	10,400

Utilization Ratios

Registrants in VA Workforce:	92%
Registrants per FTE:	1.43
Workers per FTE:	1.31

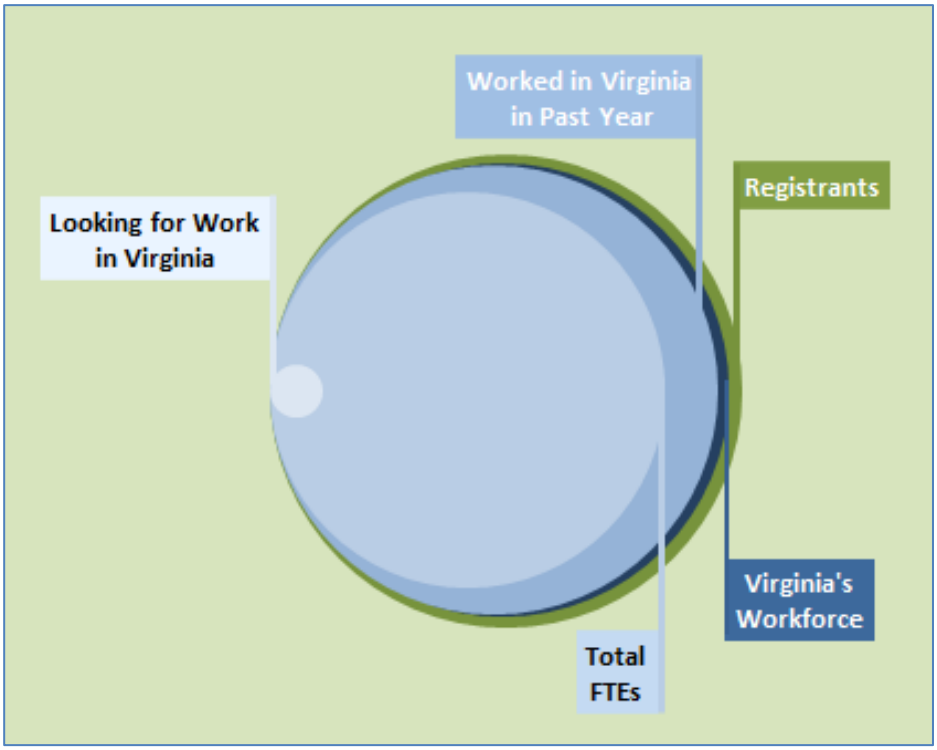
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A registrant with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Registrants in VA Workforce:** The proportion of registrants in Virginia's Workforce.
4. **Registrants per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Pharmacy Tech. Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	13,456	99%
Looking for Work in Virginia	189	1%
Virginia's Workforce	**13,645**	**100%**
Total FTEs	**10,400**	
Registrants	**14,851**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	697	19%	2,974	81%	3,671	33%
30 to 34	267	17%	1,291	83%	1,558	14%
35 to 39	235	16%	1,257	84%	1,492	13%
40 to 44	150	13%	998	87%	1,148	10%
45 to 49	114	12%	837	88%	950	8%
50 to 54	98	12%	697	88%	795	7%
55 to 59	88	12%	624	88%	712	6%
60 and Over	102	12%	749	88%	850	8%
Total	**1,749**	**16%**	**9,427**	**84%**	**11,177**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	84%
% Under 40 Female:	82%

Age

Median Age:	36
% Under 40:	60%
% 55 and Over:	14%

Diversity

Diversity Index:	64%
Under 40 Div. Index:	67%

Source: Va. Healthcare Workforce Data Center

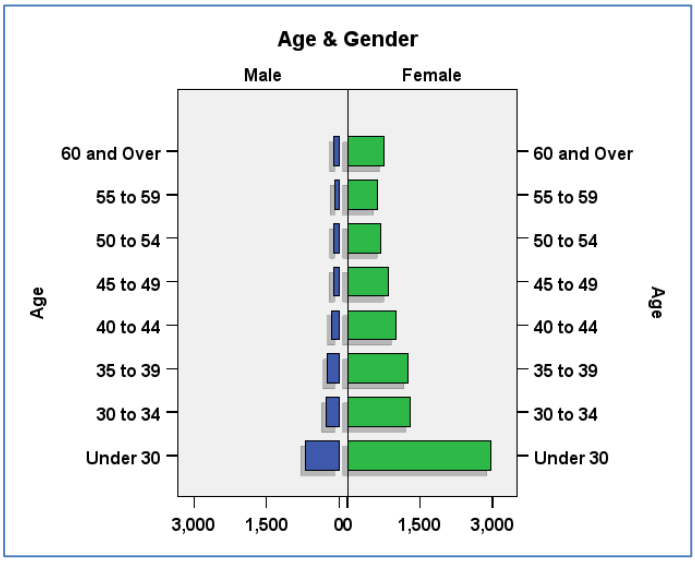
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacy Tech.		Pharmacy Tech. Under 40	
	%	#	%	#	%
White	59%	6,106	54%	3,388	50%
Black	19%	2,542	22%	1,577	23%
Asian	7%	1,102	10%	641	9%
Other Race	0%	173	2%	99	1%
Two or More Races	3%	480	4%	377	6%
Hispanic	11%	897	8%	718	11%
Total	**100%**	**11,300**	**100%**	**6,800**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two professionals, there is a 64% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's overall population, the comparable diversity index is 60%.

Among the 60% of pharmacy technicians who are under the age of 40, 82% are female. In addition, the diversity index among pharmacy technicians who are under the age of 40 is 67%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	20%
Rural Childhood:	38%

Virginia Background

HS in Virginia:	73%
HS in VA, Past 5 Years:	71%

Location Choice

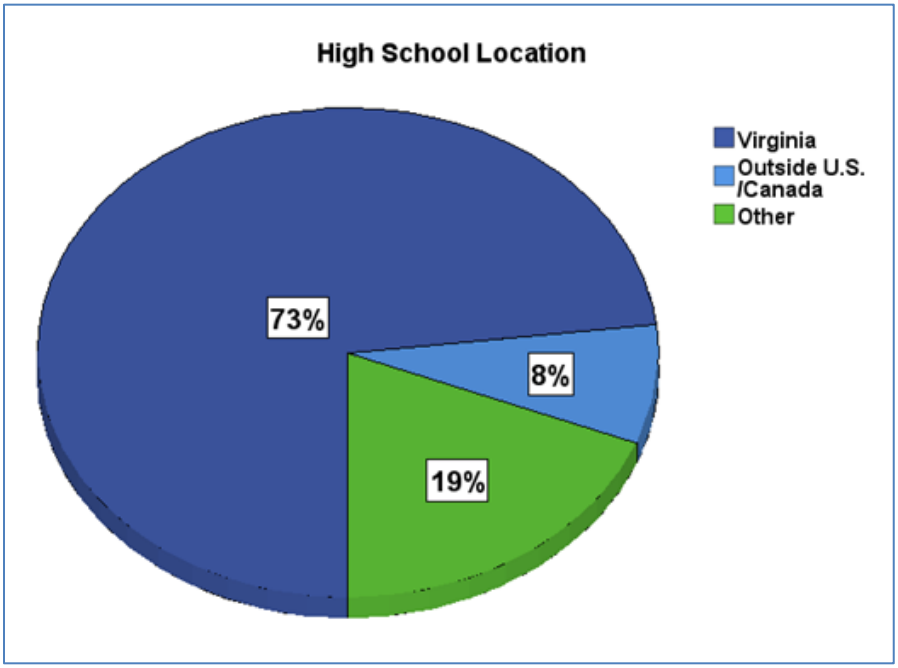
% Work Non-Metro:	12%
% Rural to Non-Metro:	26%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	23%	51%	26%
2	Metro, 250,000 to 1 Million	57%	32%	11%
3	Metro, 250,000 or Less	63%	28%	10%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	66%	22%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	16%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	5%	2%
8	Rural, Metro Adjacent	83%	14%	4%
9	Rural, Non-Adjacent	73%	21%	6%
	Overall	**38%**	**42%**	**20%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 38% grew up in a self-described rural area, and 26% of pharmacy technicians who grew up in a rural area currently work in a non-metro county. In total, 12% of all pharmacy technicians are employed in a non-metro area of the state.

Top Ten States for Pharmacy Technician Recruitment

Rank	High School Location			
	All Pharmacy Technicians	#	Registered in the Past Five Years	#
1	Virginia	8,104	Virginia	3,304
2	Outside U.S./Canada	871	Outside U.S./Canada	329
3	Maryland	224	Maryland	137
4	North Carolina	178	North Carolina	84
5	New York	169	Florida	75
6	Florida	151	New York	68
7	West Virginia	135	California	50
8	California	118	West Virginia	44
9	Pennsylvania	108	Tennessee	43
10	New Jersey	90	Pennsylvania	43

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 73% received their high school diploma in Virginia. Among those pharmacy technicians who obtained their initial registration in the past five years, 71% received their high school degree in the state.

In total, 8% of Virginia's registered pharmacy technicians did not participate in the state's workforce in 2025. However, 86% of these professionals worked at some point in the past year, including 68% who currently work as pharmacy technicians.

At a Glance:

Not in VA Workforce

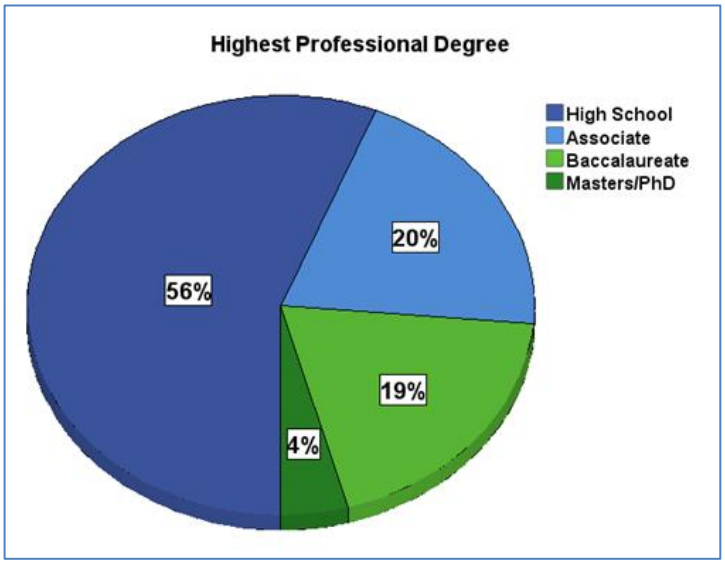
Total:	1,198
% of Registrants:	8%
Federal/Military:	4%
VA Border State/DC:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
High School/GED	6,123	56%
Associate	2,217	20%
Baccalaureate	2,111	19%
Masters	427	4%
PhD	40	0%
Total	**10,918**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all pharmacy technicians currently carry education debt, including 45% of those pharmacy technicians who are under the age of 40. For those pharmacy technicians with education debt, the median outstanding balance is between $16,000 and $18,000.

At a Glance:

Education

High School/GED: 56%
Associate Degree: 20%

Education Debt

Carry Debt: 36%
Under Age 40 w/ Debt: 45%
Median Debt: $16k-$18k

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 56% hold either a high school degree or a GED as their highest professional degree.

Education Debt				
Amount Carried	**All Pharm. Tech.**		**Pharm. Tech. Under 40**	
	#	**%**	**#**	**%**
None	5,343	64%	2,786	55%
Less than $10,000	978	12%	765	15%
$10,000-$19,999	615	7%	488	10%
$20,000-$29,999	480	6%	350	7%
$30,000 or More	930	11%	642	13%
Total	**8,346**	**100%**	**5,031**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

PTCB:	63%
ExCPT:	12%
Total w/ Cert.:	76%

National Certifications

Required:	68%
Pay Raise w/ Cert.:	46%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Professional Certifications		
Certification	**#**	**% of Workforce**
Pharmacy Technician Certification Board (PTCB)	8,652	63%
Exam for Certification of Pharmacy Technicians (ExCPT)	1,685	12%
Total with Certification	**10,337**	**76%**

Source: Va. Healthcare Workforce Data Center

More than three out of every four of Virginia's pharmacy technicians hold a professional certification, including 63% who hold a Pharmacy Technician Certification Board (PTCB) credential.

Among all pharmacy technicians, 68% work for an employer that requires a national certification as a condition of employment. In addition, 46% of pharmacy technicians have received an increase in pay after having obtained a national certification.

National Certifications		
Required for Employment?	**#**	**%**
Yes	7,304	68%
No	3,479	32%
Pay Raise with Certification?	**#**	**%**
Yes	4,720	46%
No	5,174	51%
No Certification Held	312	3%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 84%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 70%
2 or More Positions: 9%

Weekly Hours:

40 to 49: 49%
60 or More: 3%
Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	16	< 1%
Employed in a Pharmacy Technician-Related Capacity	9,205	84%
Employed, NOT in a Pharmacy Technician-Related Capacity	1,329	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	78	1%
Voluntarily Unemployed	228	2%
Retired	55	1%
Total	**10,911**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 84% are currently employed in the profession, 70% hold one full-time job, and 49% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	361	3%
One Part-Time Position	1,987	19%
Two Part-Time Positions	164	2%
One Full-Time Position	7,465	70%
One Full-Time Position & One Part-Time Position	712	7%
Two Full-Time Positions	27	0%
More than Two Positions	24	0%
Total	**10,740**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	361	3%
1 to 9 Hours	280	3%
10 to 19 Hours	486	5%
20 to 29 Hours	855	8%
30 to 39 Hours	2,614	25%
40 to 49 Hours	5,154	49%
50 to 59 Hours	347	3%
60 to 69 Hours	101	1%
70 to 79 Hours	90	1%
80 or More Hours	136	1%
Total	**10,424**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	60	1%
Less than $15,000	433	9%
$15,000-$19,999	220	5%
$20,000-$24,999	277	6%
$25,000-$29,999	313	7%
$30,000-$34,999	469	10%
$35,000-$39,999	536	11%
$40,000-$44,999	711	15%
$45,000-$49,999	555	12%
$50,000-$69,999	892	19%
$70,000 or More	261	6%
Total	**4,727**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: $40k-$45k

Benefits
Health Insurance: 60%
Retirement: 53%

Satisfaction
Satisfied: 91%
Very Satisfied: 51%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	5,461	51%
Somewhat Satisfied	4,286	40%
Somewhat Dissatisfied	655	6%
Very Dissatisfied	304	3%
Total	**10,706**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician earns between $40,000 and $45,000 per year. In addition, 77% of all pharmacy technicians receive at least one employer-sponsored benefit, including 60% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Leave	5,836	63%	61%
Health Insurance	5,530	60%	57%
Dental Insurance	5,344	58%	56%
Retirement	4,838	53%	51%
Group Life Insurance	3,068	33%	32%
Signing/Retention Bonus	780	8%	8%
At Least One Benefit	**7,093**	**77%**	**74%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	152	1%
Experience Voluntary Unemployment?	330	2%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	307	2%
Work Two or More Positions at the Same Time?	1,217	9%
Switch Employers or Practices?	562	4%
Experience At Least One?	**2,171**	**16%**

Source: Va. Healthcare Workforce Data Center

Only 1% of pharmacy technicians were involuntarily unemployed at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.6%.[1]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	247	2%	189	11%
Less than 6 Months	856	8%	240	14%
6 Months to 1 Year	1,052	10%	213	12%
1 to 2 Years	2,188	22%	328	18%
3 to 5 Years	2,974	29%	415	23%
6 to 10 Years	1,253	12%	171	10%
More than 10 Years	1,513	15%	218	12%
Subtotal	**10,083**	**100%**	**1,776**	**100%**
Did Not Have Location	514		11,628	
Item Missing	3,048		241	
Total	**13,645**		**13,645**	

Source: Va. Healthcare Workforce Data Center

Nine out of every ten pharmacy technicians receive an hourly wage at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 4%
New Location: 23%
Over 2 Years: 57%
Over 2 Yrs., 2nd Location: 45%

Employment Type

Hourly Wage: 90%
Salary/Commission: 9%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five pharmacy technicians have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	758	9%
Hourly Wage	7,959	90%
By Contract/Per Diem	53	1%
Business/Practice Income	19	0%
Unpaid	68	1%
Subtotal	**8,856**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate from November 2025 was still preliminary, and the unemployment rate from December 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	70%
Lowest Region:	2%

Locations

2 or More (Past Year):	19%
2 or More (Now*):	16%

Source: Va. Healthcare Workforce Data Center

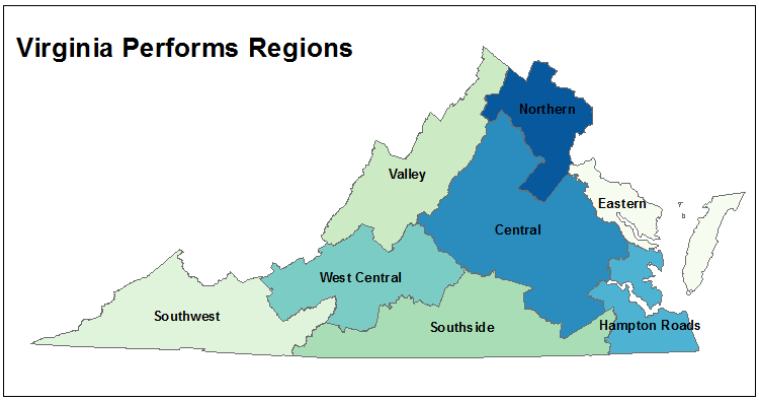
Seven out of every ten pharmacy technicians work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,428	24%	446	23%
Eastern	192	2%	27	1%
Hampton Roads	2,221	22%	413	22%
Northern	2,371	24%	486	25%
Southside	364	4%	54	3%
Southwest	692	7%	109	6%
Valley	592	6%	96	5%
West Central	1,095	11%	206	11%
Virginia Border State/D.C.	32	0%	32	2%
Other U.S. State	42	0%	36	2%
Outside of the U.S.	3	0%	1	0%
Total	**10,032**	**100%**	**1,906**	**100%**
Item Missing	3,099		110	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	187	2%	356	4%
1	8,052	79%	8,277	81%
2	1,315	13%	1,079	11%
3	572	6%	470	5%
4	24	0%	8	0%
5	19	0%	13	0%
6 or More	58	1%	23	0%
Total	**10,227**	**100%**	**10,227**	**100%**

*At the time of survey completion, December 2025.

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 16% currently have multiple work locations, while 19% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	6,803	72%	1,218	75%
Non-Profit	1,708	18%	246	15%
State/Local Government	583	6%	92	6%
Veterans Administration	116	1%	15	1%
U.S. Military	156	2%	34	2%
Other Federal Gov't	116	1%	26	2%
Total	**9,482**	**100%**	**1,631**	**100%**
Did Not Have Location	514		11,628	
Item Missing	3,649		386	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

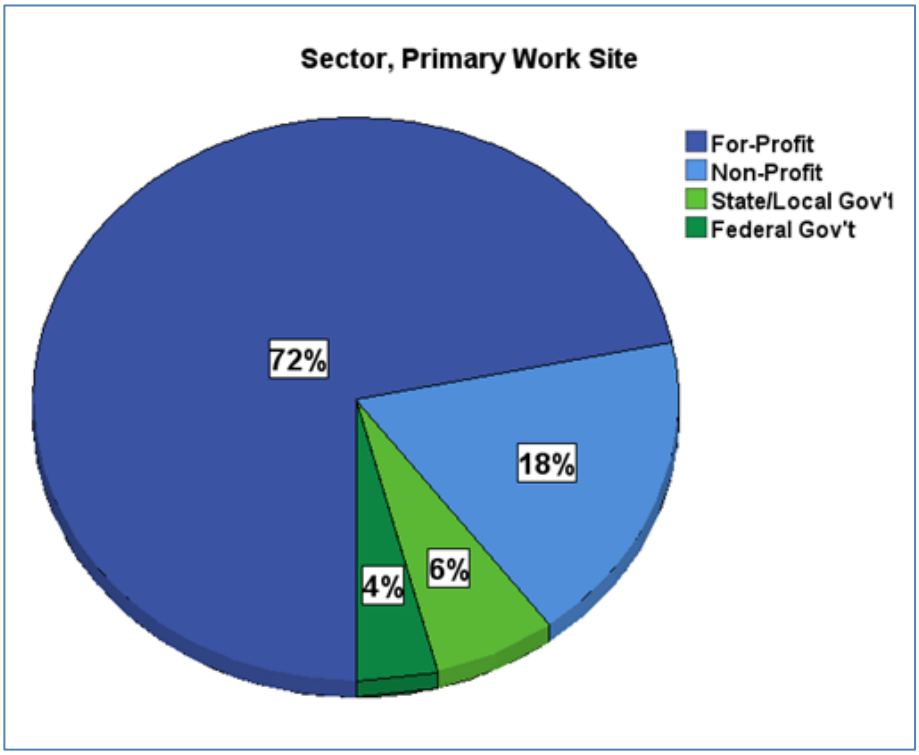
For-Profit: 72%
Federal: 4%

Top Establishments

Large Chain Pharmacy (11+ Stores): 29%
Hospital/Health System (Inpatient): 16%
Supermarket Pharmacy: 9%

Source: Va. Healthcare Workforce Data Center

Nine out of every ten pharmacy technicians work in the private sector, including 72% who work in the for-profit sector. Another 6% of pharmacy technicians work for a state or local government.



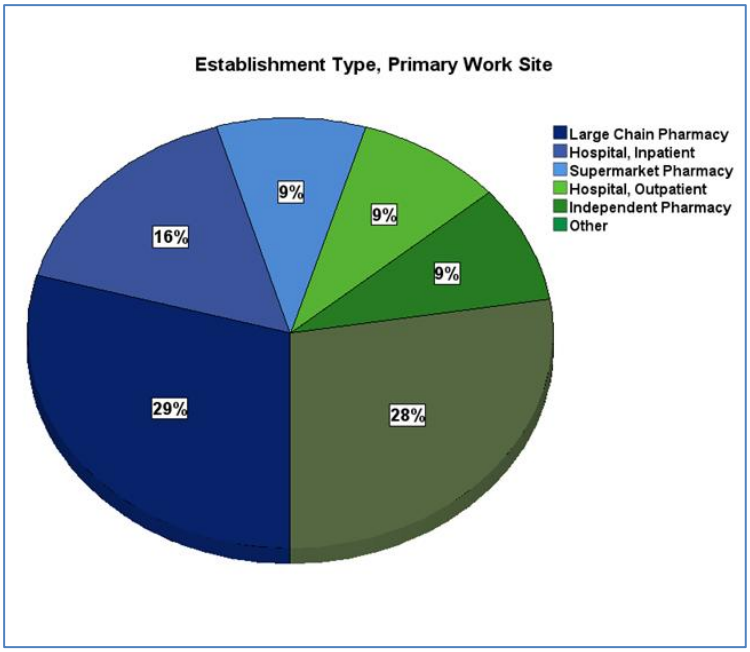
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy (11+ Stores)	2,771	29%	568	36%
Hospital/Health System, Inpatient Department	1,524	16%	200	13%
Supermarket Pharmacy	868	9%	159	10%
Hospital/Health System, Outpatient Department	849	9%	86	5%
Independent Community Pharmacy (1-4 Stores)	829	9%	135	9%
Clinic-Based Pharmacy	350	4%	48	3%
Mass Merchandiser (i.e., Big Box Store)	348	4%	64	4%
Nursing Home/Long-Term Care	294	3%	29	2%
Mail Service Pharmacy	251	3%	17	1%
Pharmacy Benefit Administration (e.g., PBM, Managed Care)	249	3%	20	1%
Home Health/Infusion	146	2%	14	1%
Small Chain Community Pharmacy (5-10 Stores)	117	1%	24	2%
Academic Institution	64	1%	26	2%
Wholesale Distributor	31	0%	1	0%
Manufacturer	23	0%	9	1%
Other	732	8%	182	12%
Total	**9,446**	**100%**	**1,582**	**100%**
Did Not Have Location	514		11,628	

Source: Va. Healthcare Workforce Data Center

Nearly three out of every ten pharmacy technicians in Virginia work in a large chain community pharmacy, while another 16% work in the inpatient department of a hospital.

For pharmacy technicians who also have a secondary work location, 36% work in a large chain community pharmacy, while 13% work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	18%
Arabic:	9%
Vietnamese:	8%

Means of Communication

Virtual Translation:	42%
Respondent:	34%
Other Staff Member:	31%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five pharmacy technicians are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	2,484	18%
Arabic	1,200	9%
Vietnamese	1,140	8%
Hindi	1,083	8%
French	1,054	8%
Korean	1,051	8%
Tagalog/Filipino	1,040	8%
Chinese	1,038	8%
Persian	892	7%
Urdu	877	6%
Pashto	737	5%
Amharic, Somali, or Other Afro-Asiatic Languages	721	5%
Others	531	4%
At Least One Language	**3,463**	**25%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Service	1,448	42%
Respondent is Proficient	1,170	34%
Other Staff Member is Proficient	1,061	31%
Onsite Translation Service	725	21%
Other	210	6%

Source: Va. Healthcare Workforce Data Center

More than two out of every five pharmacy technicians who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

Medication Disp.:	70%-79%
Administration:	10%-19%
Teaching:	1%-9%

Roles

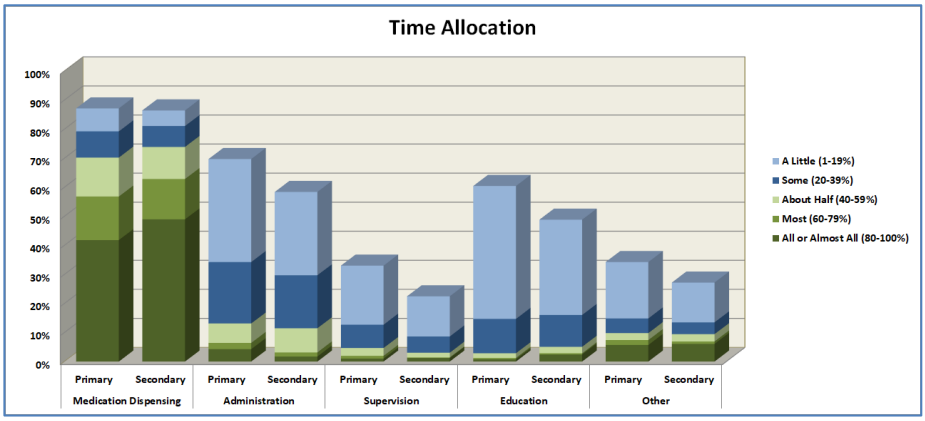
Medication Disp.:	57%
Administration:	6%
Supervision:	2%
Education:	1%

Patient Care Pharm. Tech.

Median Admin. Time:	1%-9%
Avg. Admin. Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Nearly three out of every five pharmacy technicians fill a medication dispensing and customer service role, defined as spending 60% or more of their time in that activity.

Time Allocation										
Time Spent	Medication Disp.		Admin.		Supervision		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	42%	49%	4%	2%	1%	1%	1%	2%	6%	6%
Most (60-79%)	15%	14%	2%	1%	1%	0%	0%	0%	2%	1%
About Half (40-59%)	13%	11%	7%	8%	3%	2%	2%	2%	2%	3%
Some (20-39%)	9%	7%	21%	18%	8%	6%	12%	11%	5%	4%
A Little (1-19%)	8%	5%	35%	29%	20%	14%	46%	33%	19%	14%
None (0%)	13%	14%	30%	42%	67%	77%	40%	51%	66%	73%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	1,903	23%	-	-
50 to 54	392	5%	23	1%
55 to 59	463	6%	93	5%
60 to 64	1,253	15%	348	20%
65 to 69	2,106	26%	765	44%
70 to 74	582	7%	226	13%
75 to 79	189	2%	81	5%
80 and Over	124	2%	31	2%
I Do Not Intend to Retire	1,133	14%	162	9%
Total	**8,144**	**100%**	**1,729**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Pharmacy Technicians

Under 65: 49%

Under 60: 34%

Pharm. Tech. 50 and Over

Under 65: 27%

Under 60: 7%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 14%

Half the Workforce: By 2055

Source: Va. Healthcare Workforce Data Center

Nearly half of all pharmacy technicians expect to retire by the age of 65. Among pharmacy technicians who are age 50 and over, 27% expect to retire by the age of 65.

Within the next two years, 20% of all pharmacy technicians expect to pursue additional educational opportunities, and 7% expect to increase their patient care hours.

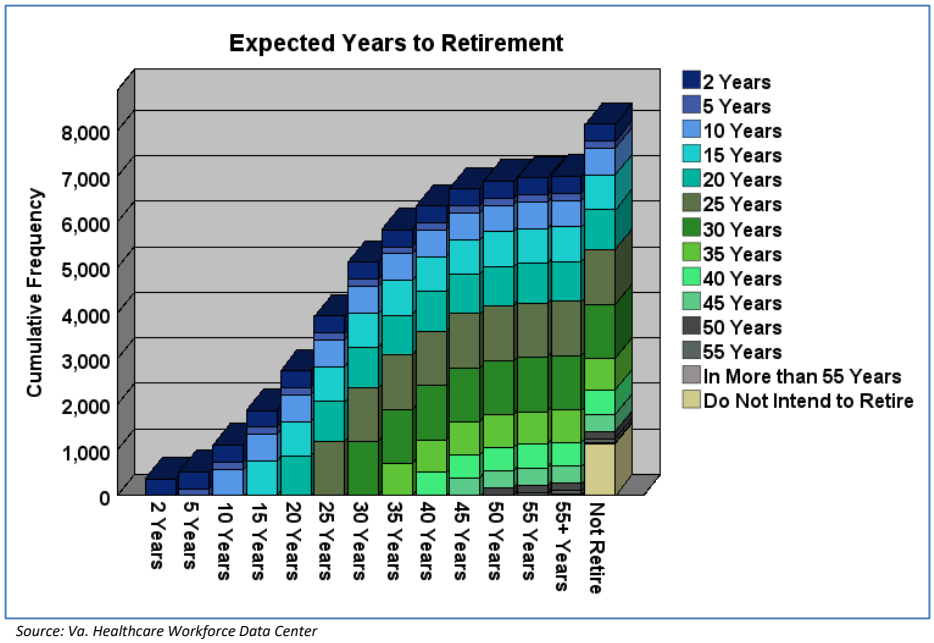
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	1,051	8%
Leave Virginia	414	3%
Decrease Patient Care Hours	234	2%
Decrease Teaching Hours	115	1%
Increase Participation		
Increase Patient Care Hours	934	7%
Increase Teaching Hours	731	5%
Pursue Additional Education	2,763	20%
Return to the Workforce	90	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacy technicians. While 5% of pharmacy technicians expect to retire in the next two years, 14% expect to retire within the next ten years. Half of the current workforce expect to retire by 2055.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	374	5%	5%
5 Years	156	2%	7%
10 Years	587	7%	14%
15 Years	758	9%	23%
20 Years	873	11%	34%
25 Years	1,195	15%	48%
30 Years	1,184	15%	63%
35 Years	710	9%	72%
40 Years	521	6%	78%
45 Years	384	5%	83%
50 Years	162	2%	85%
55 Years	68	1%	86%
In More than 55 Years	39	0%	86%
Do Not Intend to Retire	1,133	14%	100%
Total	**8,144**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2045. Retirement will peak at 15% of the current workforce around 2050 before declining to below 10% of the current workforce again around 2060.

At a Glance:

FTEs

Total: 10,400
FTEs/1,000 Residents[2]: 1.193
Average: 0.79

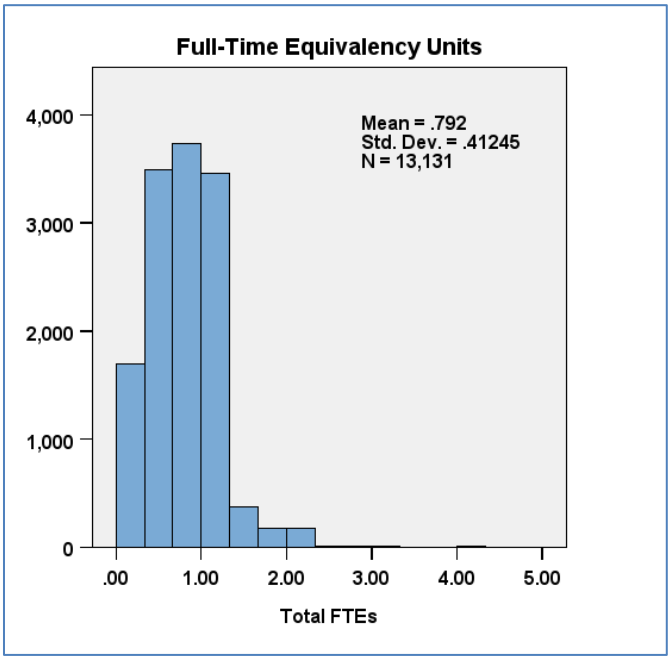
Age & Gender Effect

Age, *Partial Eta*^{2}: Small
Gender, *Partial Eta*^{2}: None

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

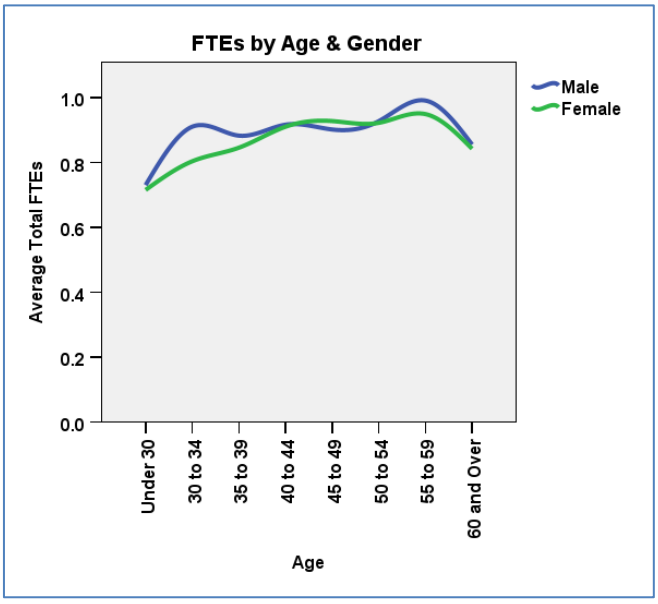


Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician provided 0.80 FTEs in 2025, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
	Average	Median
	Age	
Under 30	0.73	0.78
30 to 34	0.76	0.78
35 to 39	0.80	0.78
40 to 44	0.83	0.84
45 to 49	0.85	0.90
50 to 54	0.86	0.89
55 to 59	0.90	0.95
60 and Over	0.84	0.81
Gender		
Male	0.84	0.93
Female	0.82	0.91

Source: Va. Healthcare Workforce Data Center

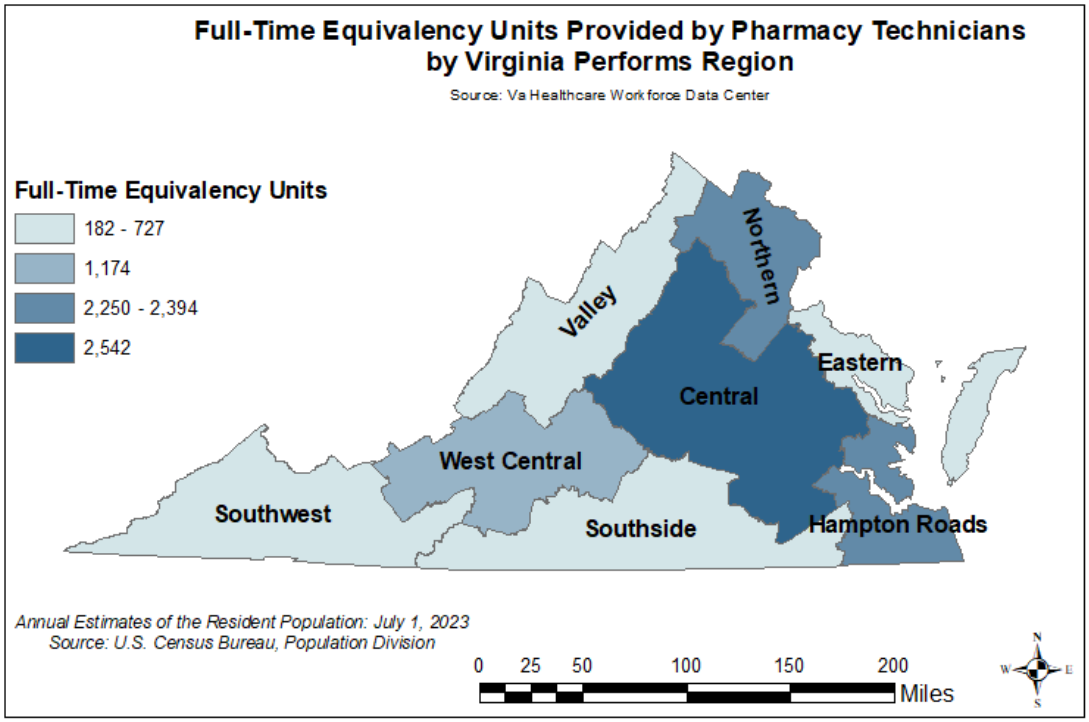


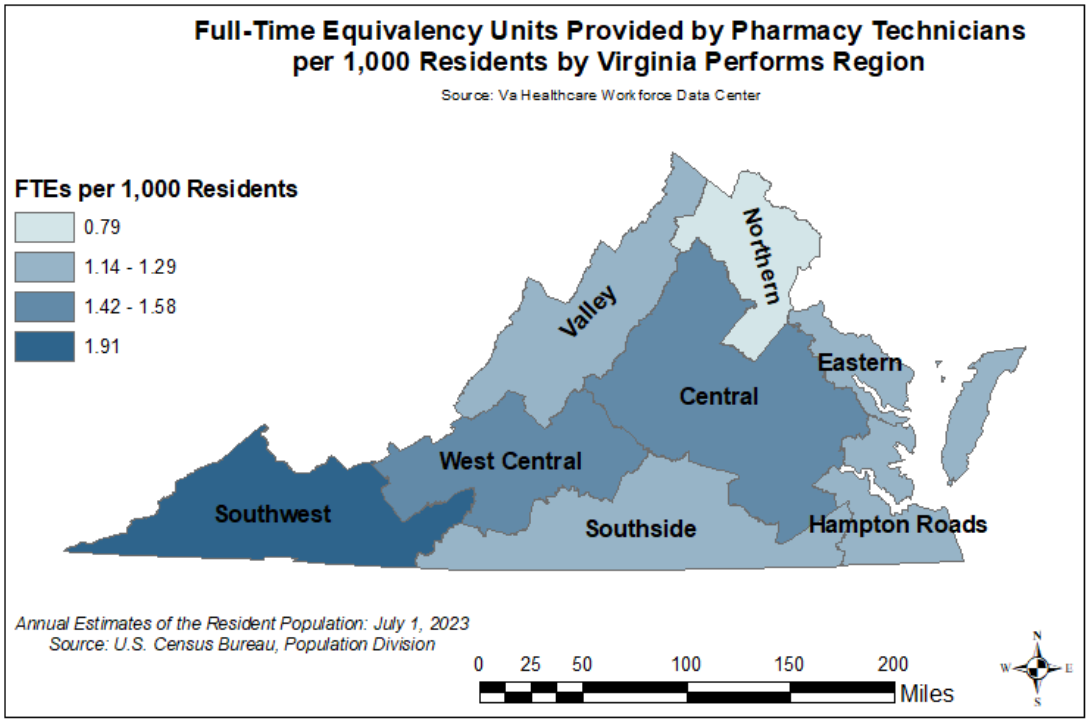
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2023 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

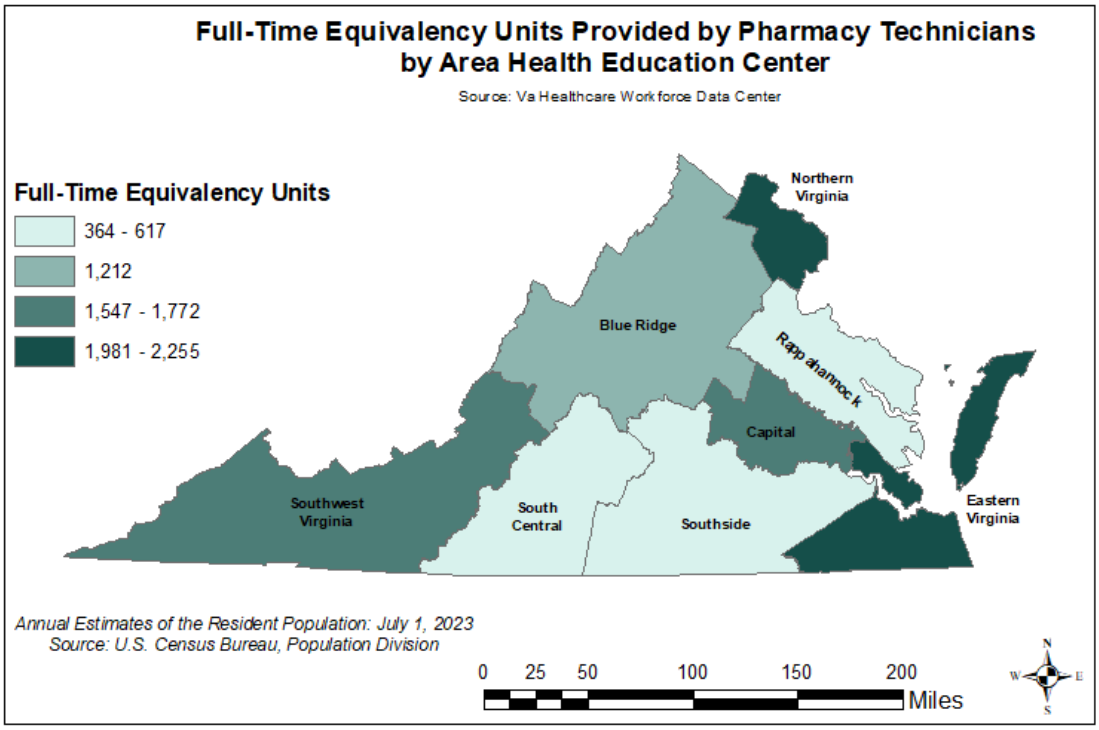
Maps

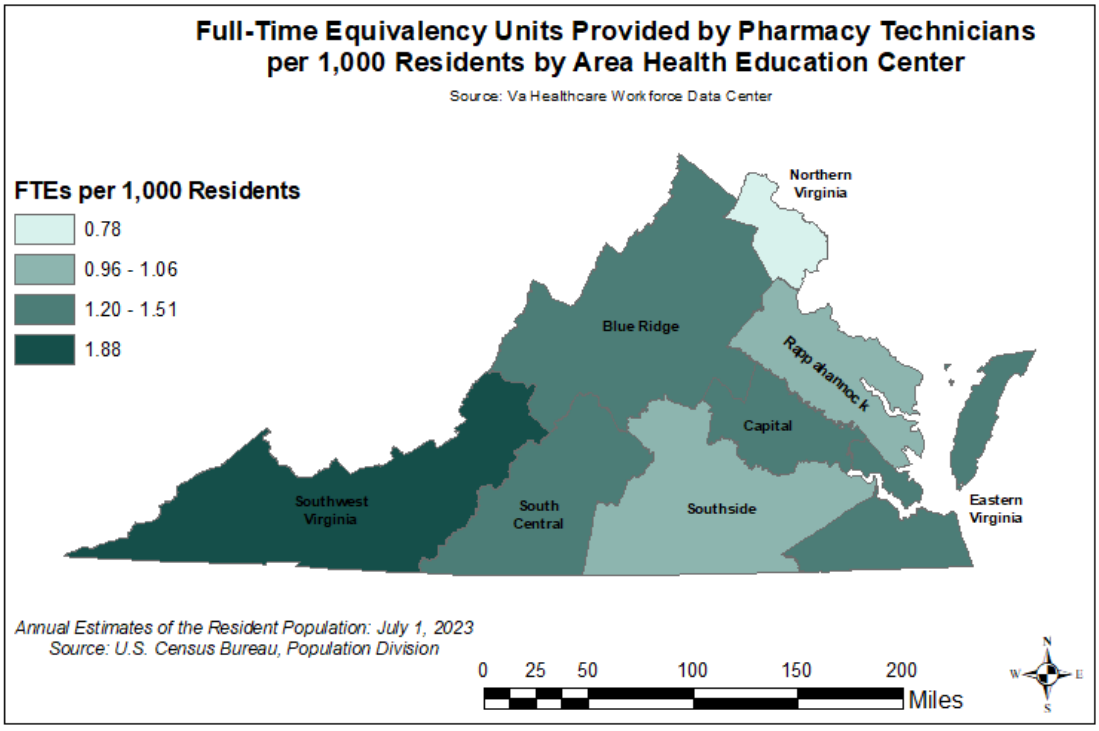
Virginia Performs Regions





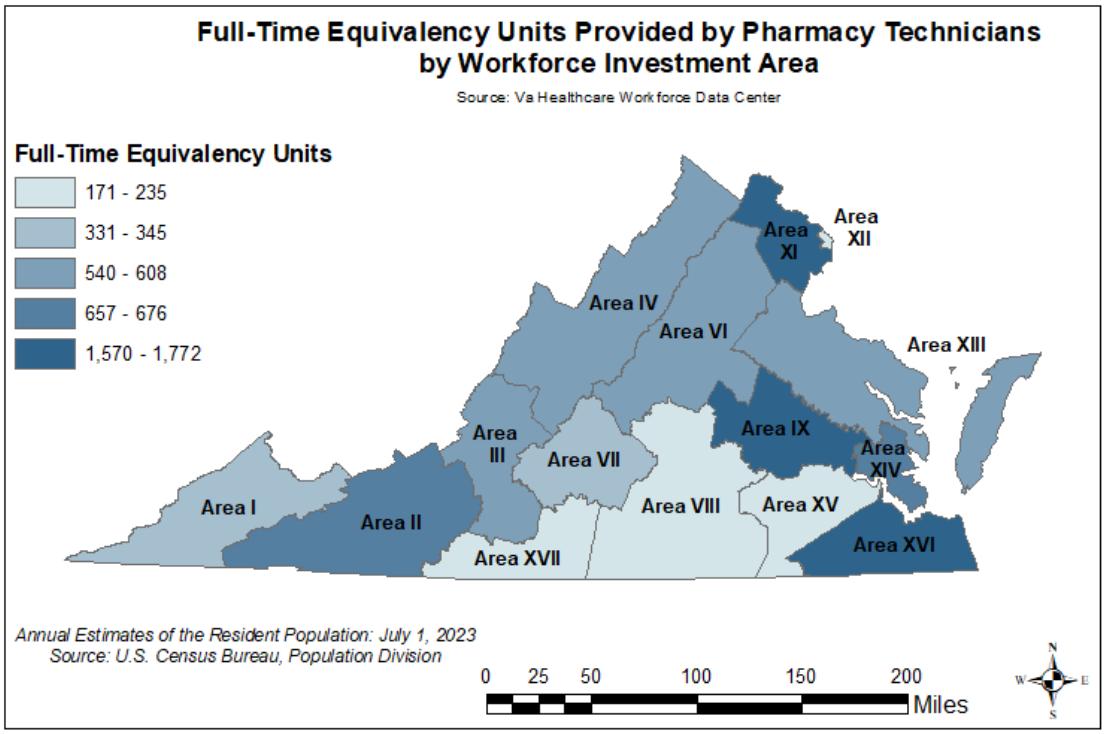
*Virginia performs regions are utilized across the state of Virginia by multiples stakeholders and state agencies.

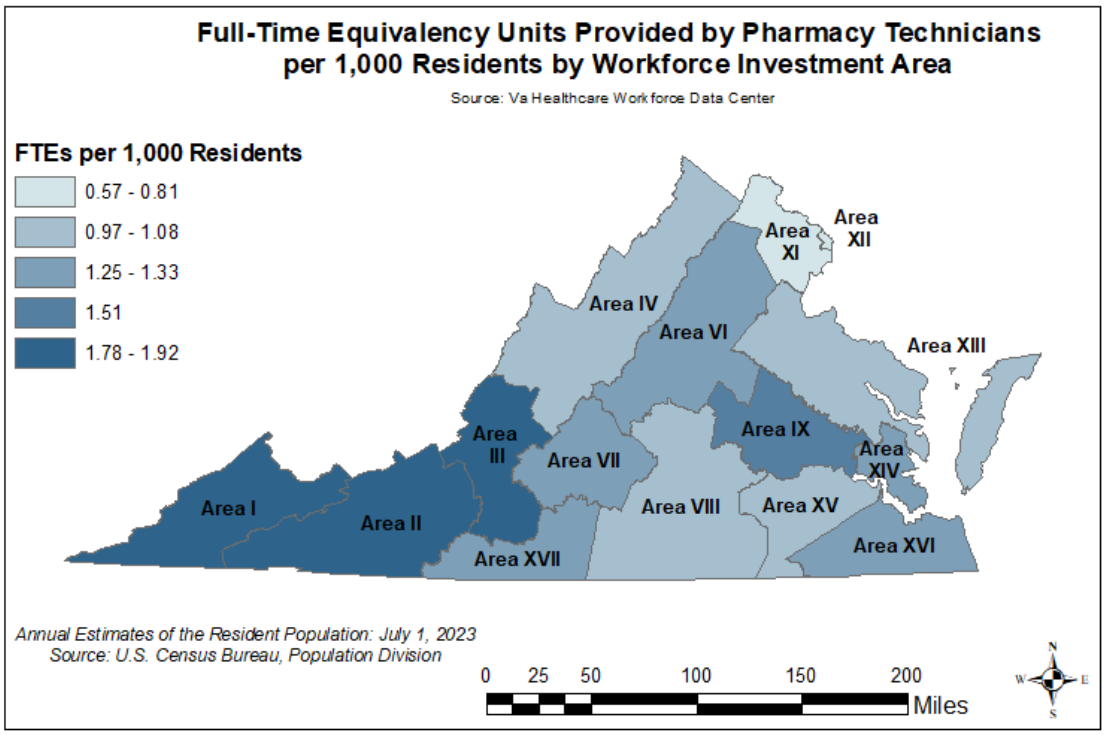




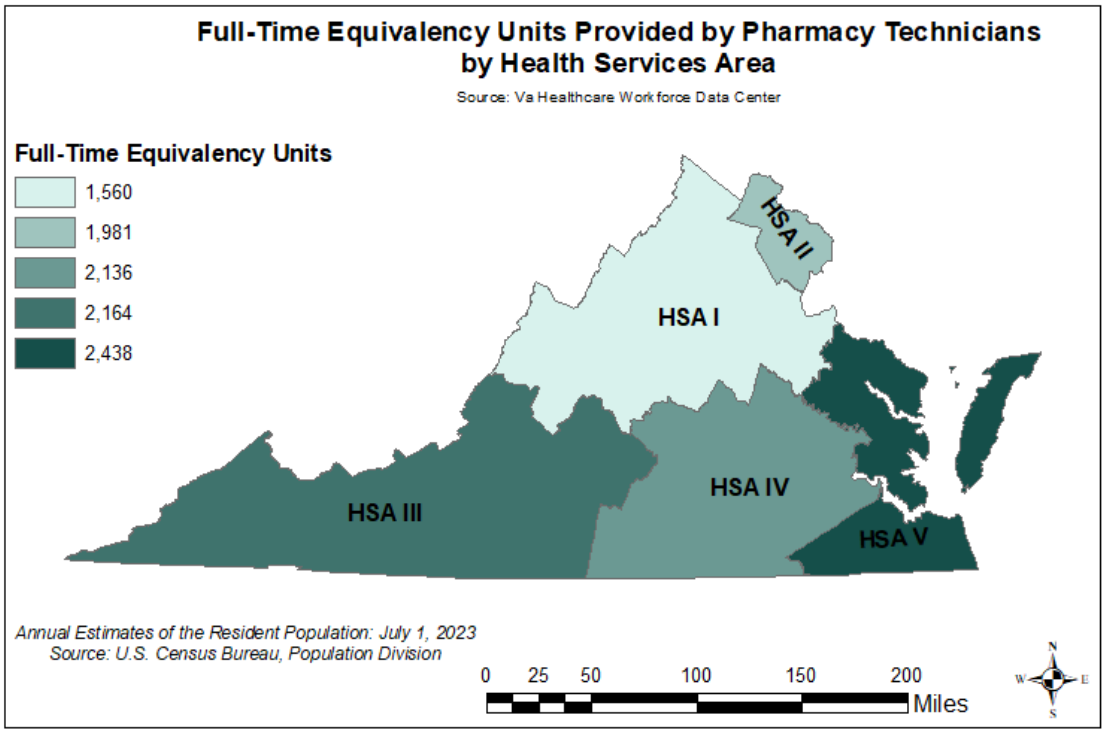
*The Virginia Aera Health Education Centers regions are utilized by the Virginia Department of Health to assess primary care access.

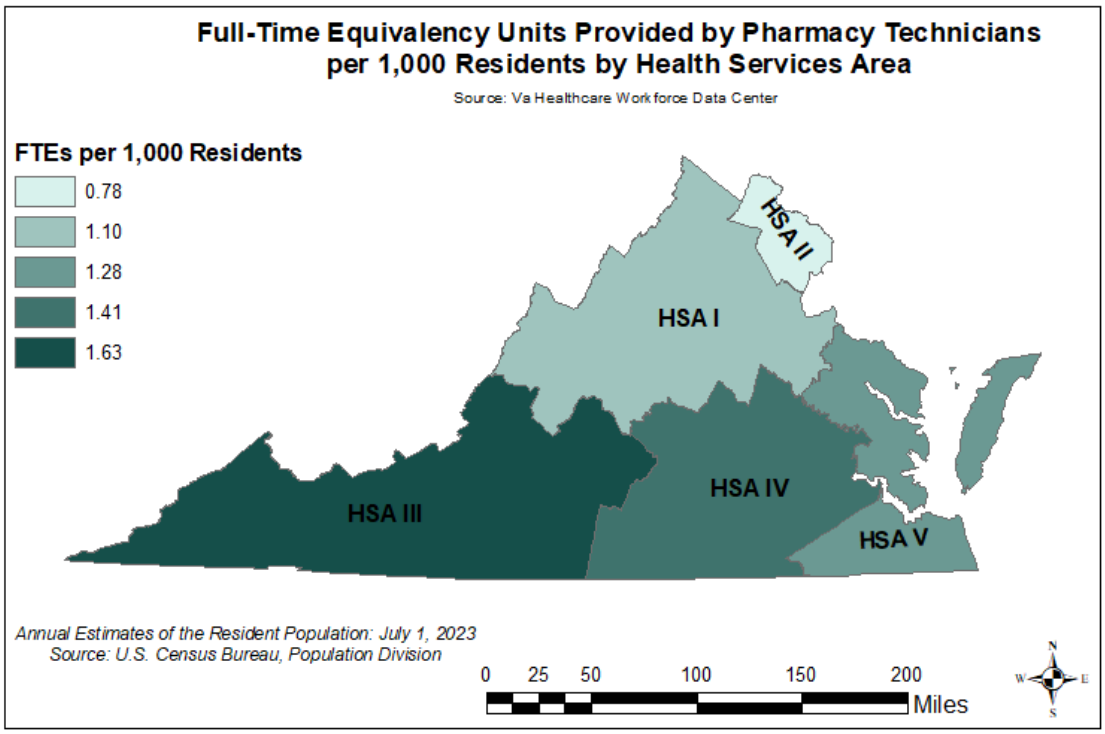
Workforce Investment Areas



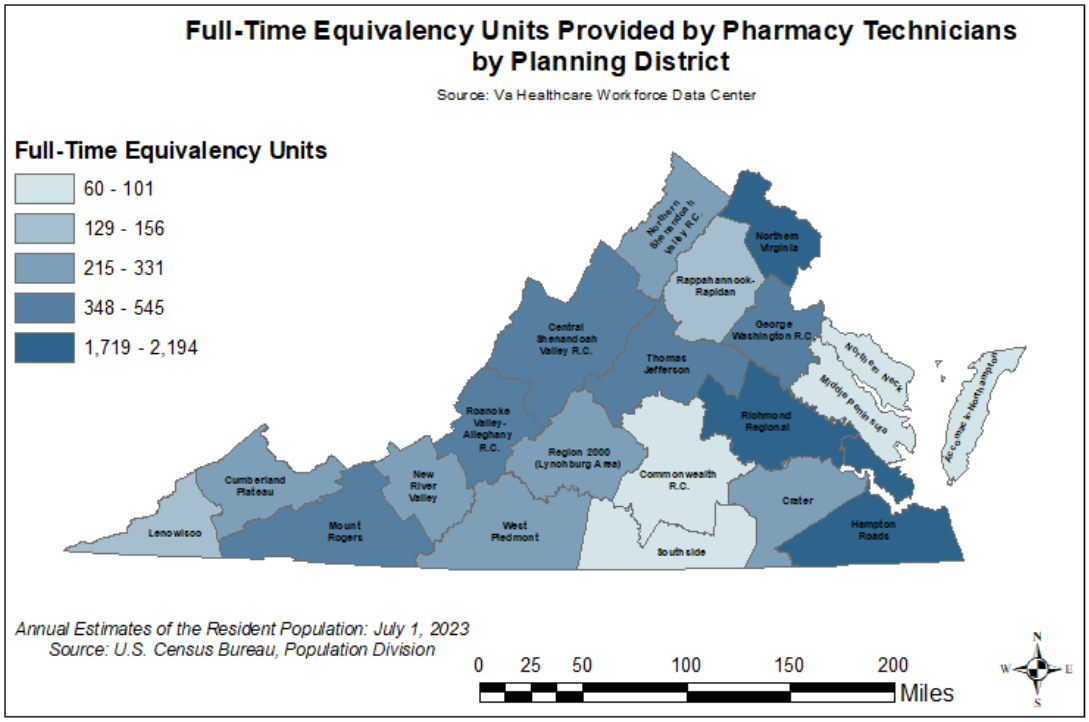


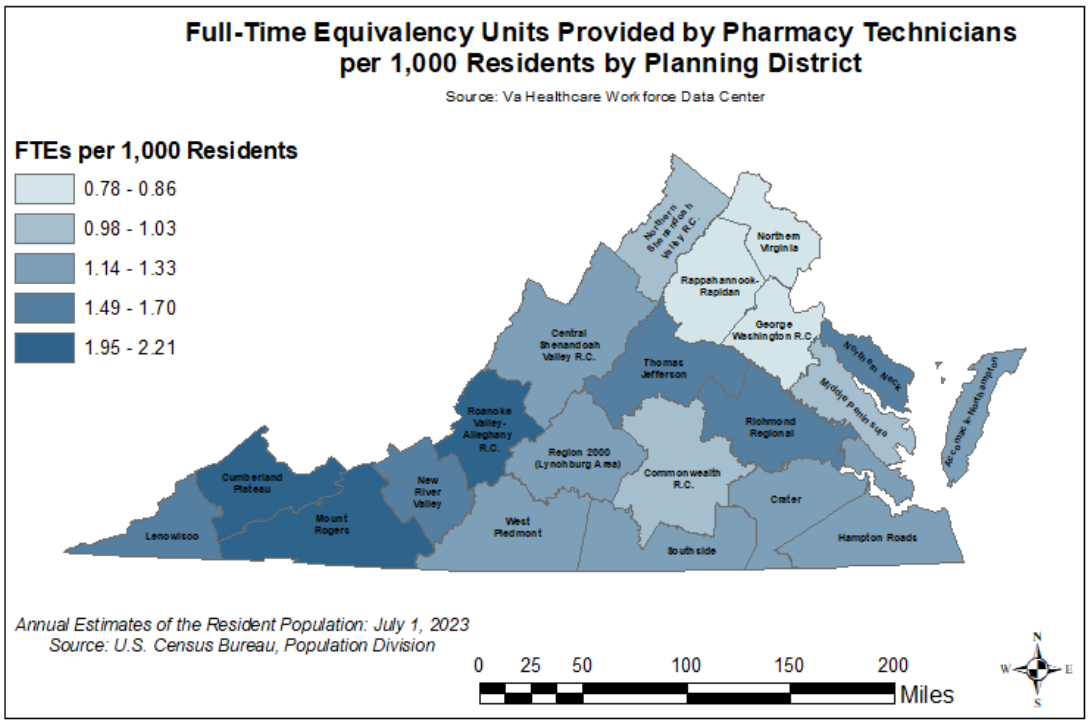
*Workforce Investment Areas are utilized by the Virginia Department of Workforce Development and Advancement.





*Health Services Areas are utilized by the Virginia Department of Health and Virginia's Department to Medical Assistance Services to identify areas with a low concentration of healthcare professionals.





*Planning Districts are used by the Virginia Department of Housing and Community Development to assist local and state government collaboration.

Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	8,804	77.39%	1.292	1.143	1.551
Metro, 250,000 to 1 Million	1,291	78.78%	1.269	1.123	1.523
Metro, 250,000 or Less	1,300	79.54%	1.257	1.112	1.509
Urban, Pop. 20,000+, Metro Adj.	303	80.20%	1.247	1.103	1.496
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	689	78.96%	1.267	1.120	1.520
Urban, Pop. 2,500-19,999, Non-Adj.	486	79.63%	1.256	1.111	1.507
Rural, Metro Adj.	325	76.92%	1.300	1.150	1.560
Rural, Non-Adj.	186	80.65%	1.240	1.097	1.488
Virginia Border State/D.C.	914	61.27%	1.632	1.444	1.959
Other U.S. State	553	49.55%	2.018	1.785	2.422

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	4,462	63.25%	1.581	1.488	2.422
30 to 34	2,072	77.12%	1.297	1.220	1.986
35 to 39	2,065	79.47%	1.258	1.184	1.928
40 to 44	1,656	81.28%	1.230	1.158	1.885
45 to 49	1,325	83.85%	1.193	1.122	1.827
50 to 54	1,086	85.82%	1.165	1.097	1.785
55 to 59	968	85.64%	1.168	1.099	1.789
60 and Over	1,217	81.59%	1.226	1.153	1.877

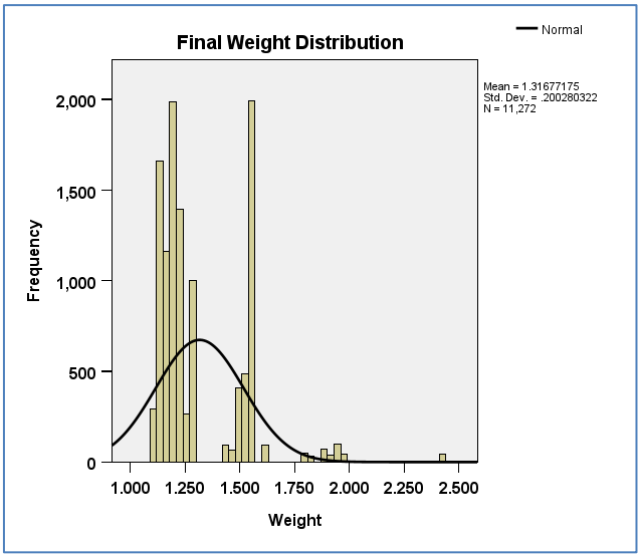
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.759006**



Source: Va. Healthcare Workforce Data Center

Virginia Board of Pharmacy
March 17, 2026
Licenses Issued

	8/1/24 - 10/31/24	11/1/24 - 1/31/25	2/1/25 - 4/30/25	5/1/25 - 7/31/25	8/1/25 - 10/31/25	11/1/25 - 1/31/26	License Count 3/2/2026
Business CSR	114	74	69	55	35	37	1,612
CE Courses	0	0	0	0	0	1	1
EMS Designated Locations	403	199	75	44	13	38	694
Limited Use Pharmacy Technician	0	0	0	0	0	0	4
Medical Equipment Supplier	6	1	3	4	6	3	196
Non-restricted Manufacturer	1	0	0	0	0	0	35
Outsourcing Facility	0	0	0	0	0	0	1
Permitted Physician	0	0	0	0	0	0	0
Pharmacist	262	177	187	251	266	155	16,460
Pharmacist Volunteer Registration	0	0	0	0	0	0	0
Pharmacy	11	5	12	9	6	13	1,687
Pharmacy Intern	72	121	77	55	159	79	958
Pharmacy Technician	527	427	477	623	575	553	13,354
Pharmacy Technician Trainee	1,175	900	941	1,141	1,473	993	7,280
Physician Selling Controlled Substances	46	17	37	22	34	13	544
Limited Use Practitioner Dispensing	1	4	3	1	2	0	15
Nonresident Manufacturer	13	1	5	1	4	3	231
Nonresident Medical Equipment Supplier	9	8	10	5	11	14	365
Nonresident Outsourcing Facility	2	4	2	1	0	1	40
Nonresident Pharmacy	33	12	27	25	28	12	989
Nonresident Third Party Logistics Provider	12	7	11	4	7	11	262
Nonresident Warehouser	9	17	11	14	4	7	177
Nonresident Wholesale Distributor	12	7	17	19	15	11	626
Physician Selling Drugs Location	3	9	5	5	6	2	125
Pilot Programs	1	0	2	0	0	1	8
Repackaging Training Program	0	0	0	0	0	0	2
Restricted Manufacturer	0	0	0	0	0	0	27
Third Party Logistics Provider	0	0	1	0	0	1	7
Warehouser	1	2	0	4	0	2	122
Limited Use Facility Dispensing	1	1	0	1	0	0	7
Wholesale Distributor	1	3	1	0	2	1	59
Total	**2,715**	**1,996**	**1,973**	**2,284**	**2,646**	**1,951**	**45,888**

Licensing Report

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

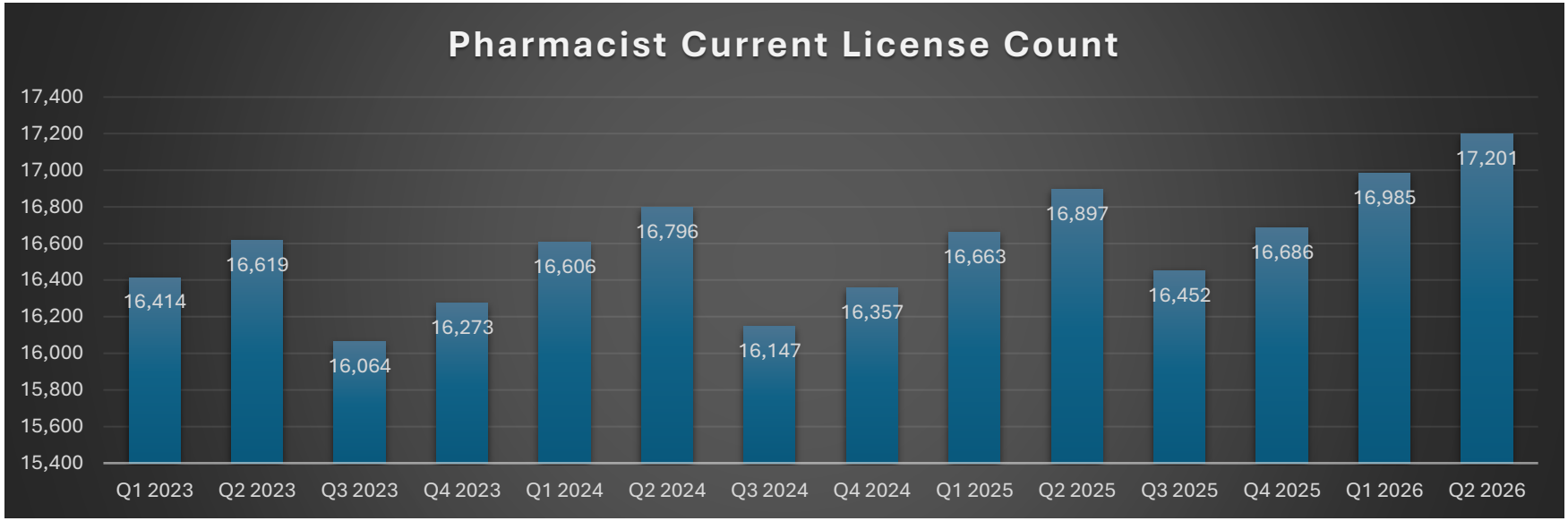
Quarter 2- Fiscal Year 2026

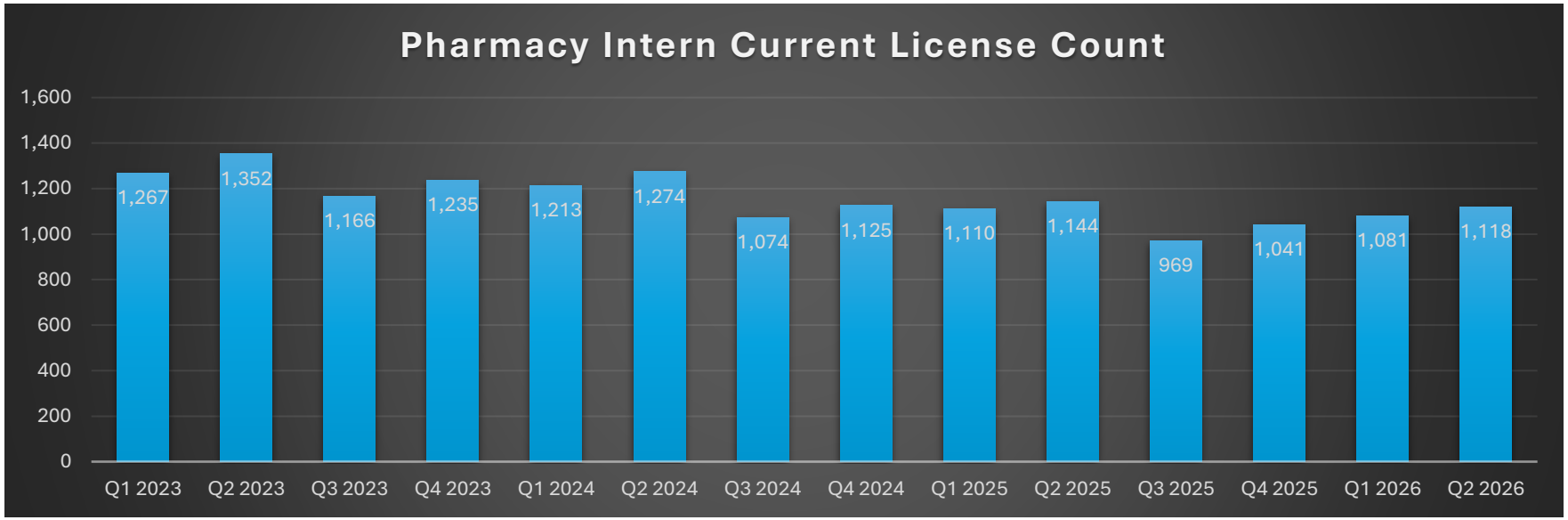
Current licenses by board and occupation as of the last day of the quarter.
*New Occupation
**QMHPs are now grouped together rather than listed separately as QMHP-Adult and QMHP-Child.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

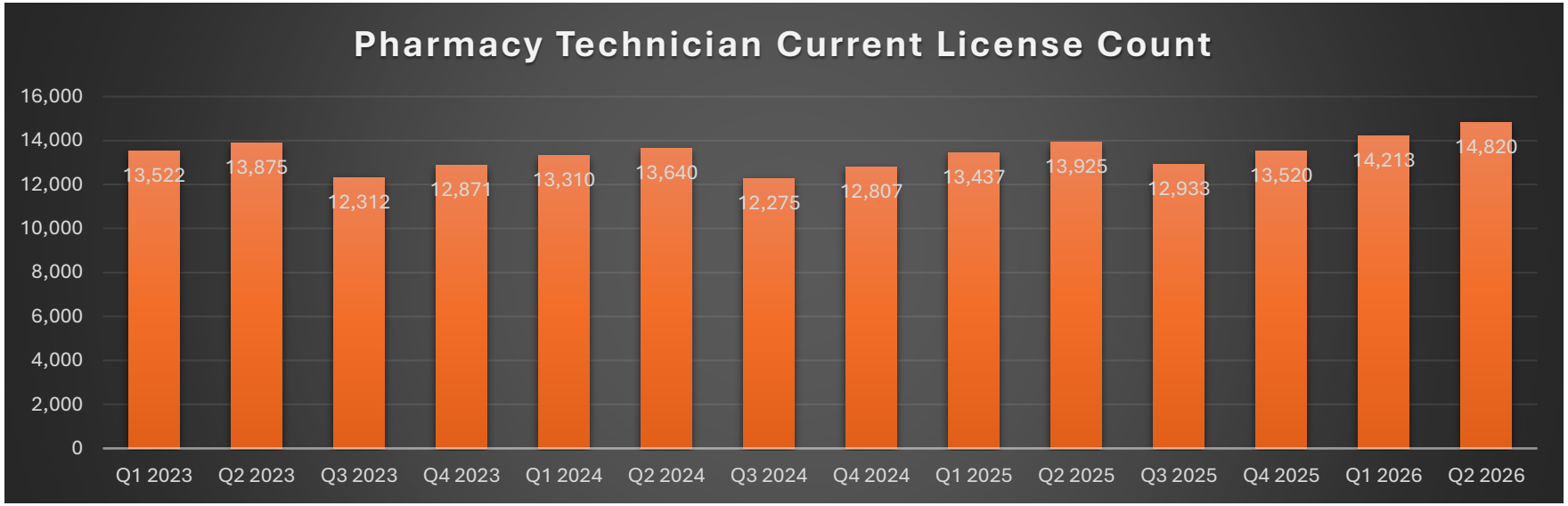
BOARD	Occupation	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	CURRENT Q2 2026
Optometry	Optometrist	65	65	65	49	50	51	51	46	46	46	46	41	41	41
	Laser-Certified TPA Optometrists**	-	-	-	-	-	-	-	-	-	-	-	-	78	89
	Optometrist-Volunteer Registration	-	-	-	-	1	-	-	-	-	-	-	-	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,758	1,784	1,808	1,777	1,820	1,852	1,879	1,819	1,842	1,867	1,883	1,824	1,803	1,820
	Total	**1,823**	**1,849**	**1,873**	**1,826**	**1,871**	**1,903**	**1,930**	**1,865**	**1,888**	**1,913**	**1,929**	**1,865**	**1,922**	**1,950**
Pharmacy	Business CSR	1,507	1,529	1,423	1,465	1,508	1,533	1,417	1,498	1,599	1,702	1,640	1,723	1,768	1,806
	CE Courses	9	9	9	9	9	9	9	9	9	9	9	-	-	-
	EMS Designated Location**	-	-	-	-	-	-	-	-	-	-	-	683	710	751
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	1	2	3	3	3	4	4	6	6	6	7	7	7
	Limited Use Pharmacy Technician	7	7	7	7	7	7	6	6	5	5	4	4	4	4
	Limited Use Practitioner Dispensing	2	3	3	3	4	6	8	8	12	12	16	18	20	20
	Medical Equipment Supplier	223	226	213	220	226	224	205	212	216	224	208	215	220	222
	Non-Resident Manufacturer	218	224	217	226	231	236	229	232	245	248	233	236	240	243
	Non-Resident Medical Equipment Supplier	361	369	346	355	367	379	345	367	380	390	367	373	383	395
	Non-resident Outsourcing Facility	32	33	35	33	32	31	31	33	33	37	36	38	39	38
	Non-resident Pharmacy	910	911	924	923	923	934	943	962	973	982	977	997	1,004	1,002
	Non-Resident Wholesale Distributor	643	641	610	624	635	641	612	624	633	637	621	642	658	664
	Non-restricted Manufacturer	34	34	35	35	35	35	32	34	36	36	36	36	36	36
	Non-Resident Third Party Logistics Prov.	194	206	207	219	229	238	234	241	247	254	252	259	259	272
	Non-resident Warehouser	105	115	109	114	123	130	127	142	154	167	171	183	186	194
	Outsourcing Facility	-	-	1	1	1	1	1	1	1	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	16,414	16,619	16,064	16,273	16,606	16,796	16,147	16,357	16,663	16,897	16,452	16,686	16,985	17,201
	Pharmacist-Volunteer Registration	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	Pharmacy	1,765	1,765	1,762	1,755	1,751	1,738	1,744	1,737	1,726	1,726	1,727	1,698	1,681	1,683
	Pharmacy Intern	1,267	1,352	1,166	1,235	1,213	1,274	1,074	1,125	1,110	1,144	969	1,041	1,081	1,118
	Pharmacy Technician	13,522	13,875	12,312	12,871	13,310	13,640	12,275	12,807	13,437	13,925	12,933	13,520	14,213	14,820
	Pharmacy Technician Trainee	6,977	8,041	8,581	8,178	8,190	8,063	8,095	8,014	8,234	8,016	7,785	7,864	7,874	7,690

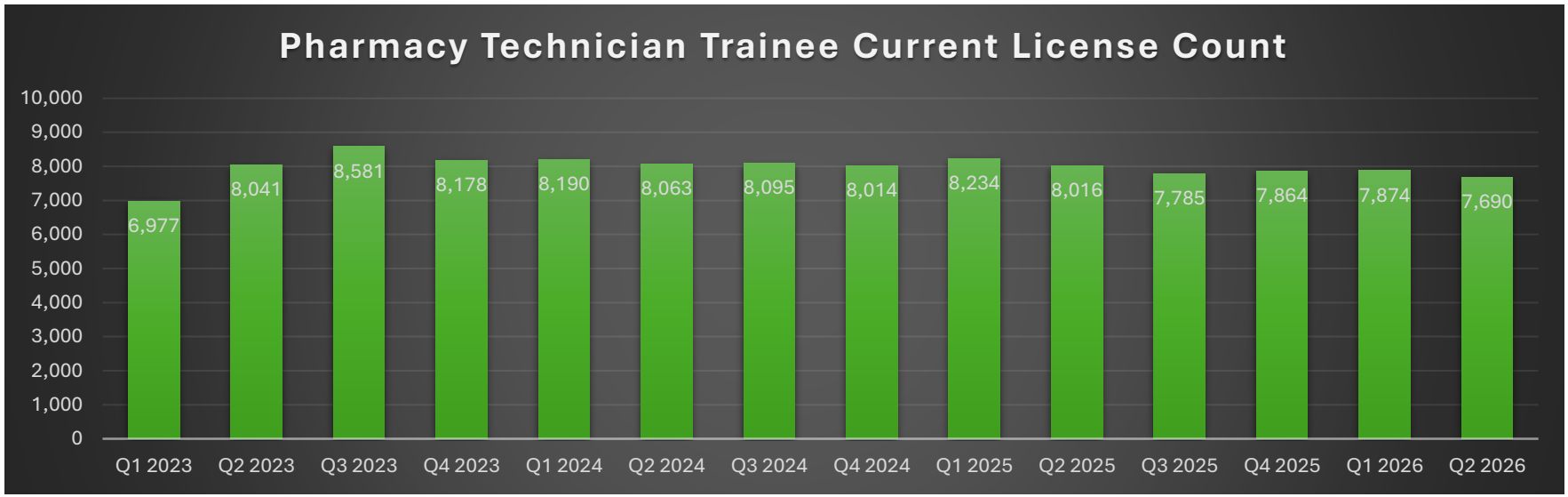
Licensing Report



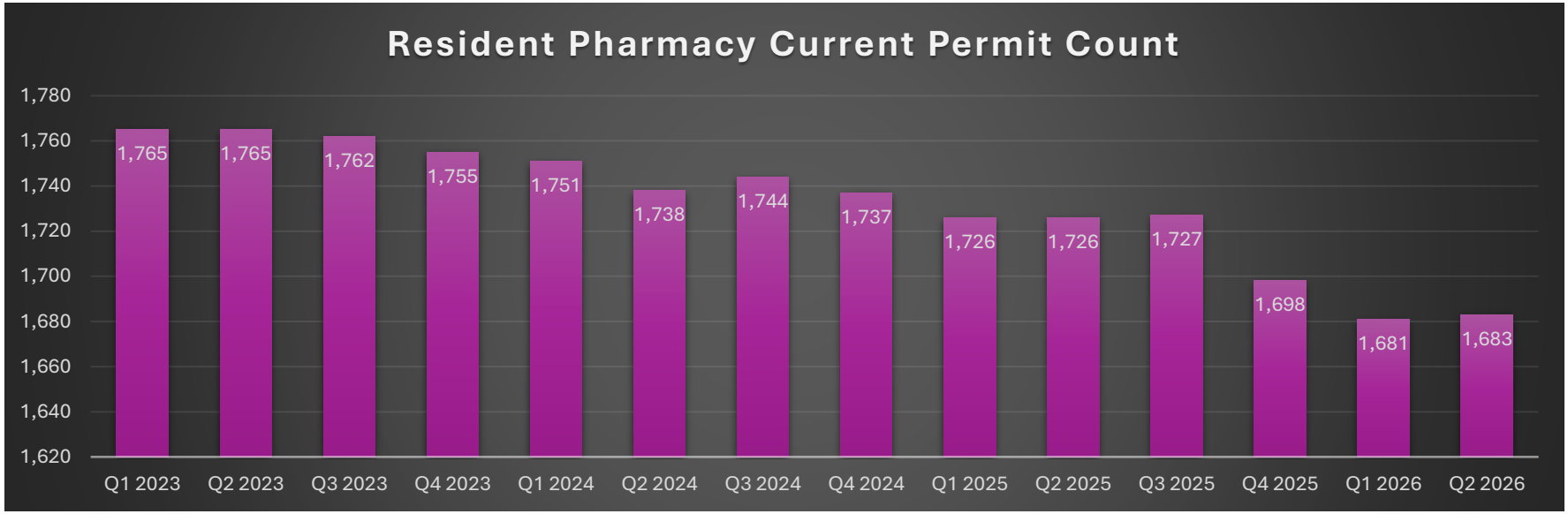


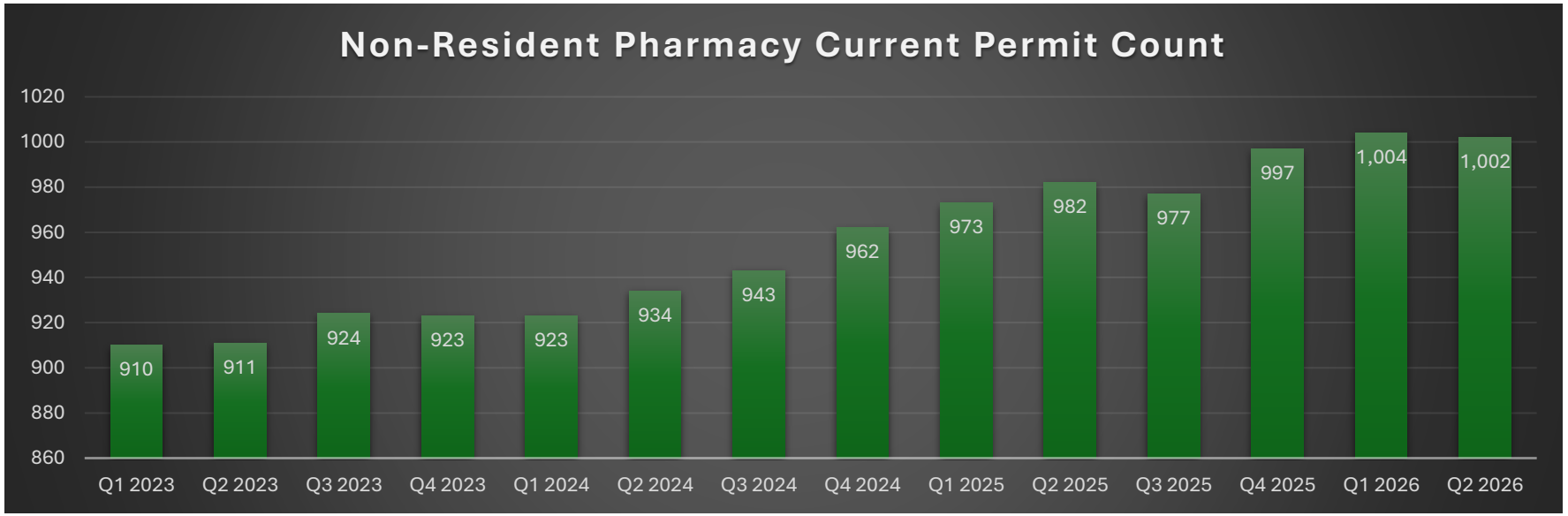
Licensing Report





Licensing Report





Licensing Report

Virginia Department of Health Professions

New License Count

Quarterly Summary

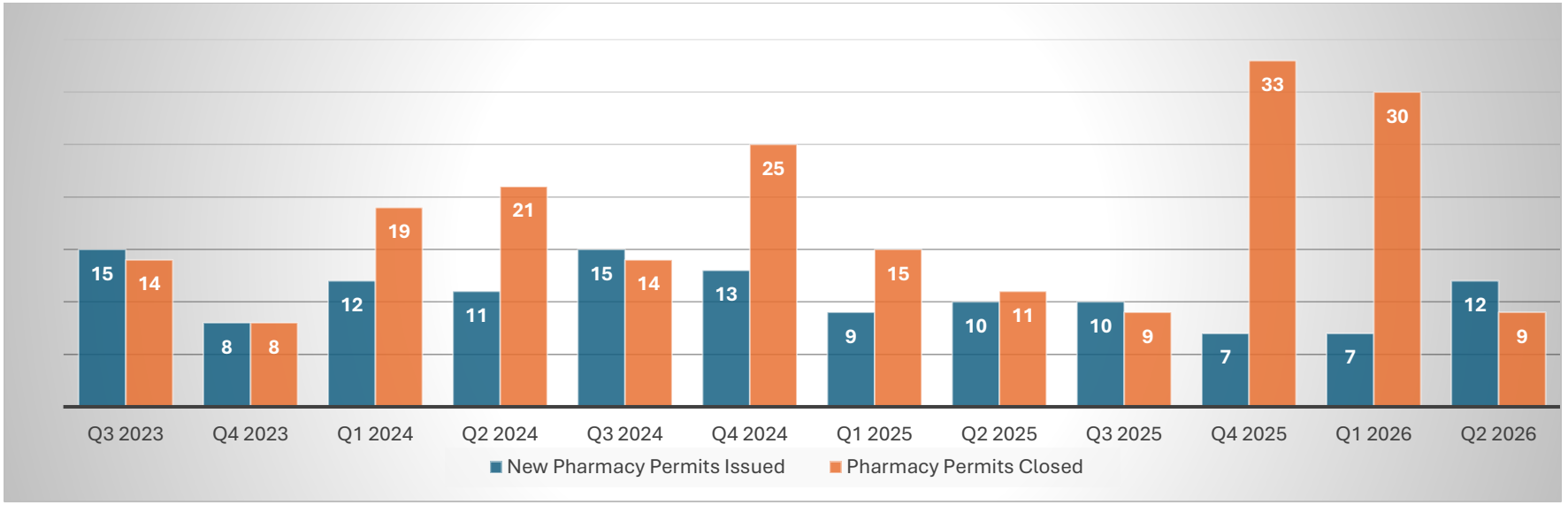
Quarter 2- Fiscal Year 2026

Licenses issued by board and occupation during the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	CURRENT Q2 2026
Pharmacy	Non-resident Outsourcing Facility	2	1	1	-	-	-	-	3	2	5	2	1	-	1
	Non-resident Pharmacy	23	17	28	18	24	21	25	28	30	20	15	29	31	18
	Non-resident Wholesale Distributor	11	4	9	10	14	9	8	9	15	7	13	18	19	12
	Non-restricted Manufacturer	2	-	2	-	-	-	-	1	2	-	-	-	-	-
	Outsourcing Facility	-	-	1	-	-	-	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	327	164	152	184	317	168	136	185	296	183	176	220	277	196
	Pharmacist-Volunteer Registration	1	2	-	1	4	-	-	-	-	-	-	-	-	-
	Non-resident Third Party Logistics Prov.	12	13	12	11	11	11	5	8	7	13	9	7	3	12
	Non-resident Warehouser	6	9	3	4	9	6	8	13	13	15	12	11	6	7
	Pharmacy Intern	88	126	132	83	85	104	88	69	76	86	83	85	122	78
	Pharmacy	9	10	15	8	12	11	15	13	9	10	10	7	7	12
	Pharmacy Technician	528	292	383	463	376	270	412	445	562	427	458	503	631	578
	Pharmacy Technician Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	1,072	1,186	983	971	966	1,103	999	903	1,125	958	970	1,023	1,399	1,103
	Physician Selling Controlled Substances	27	40	30	13	31	28	18	7	48	28	17	38	35	19
	Physician Selling Drugs Location	3	3	3	4	3	4	3	3	6	8	5	5	7	4
	Pilot Programs	1	-	-	2	-	2	1	3	-	1	-	2	-	-
	Repackaging Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Licensing Report



March 17, 2026 - Full Board of Pharmacy Meeting

Quarterly Inspection Completed Review by License Type – Date Range: 10/01/2025 – 12/31/2025

Insp Status	License Type	Change of Location	Compliance	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	3		12		5	4	132	156
	Third Party Logistics Provider							2	2
	Limited-Use Facility Dispensing								
	Medical Equipment Supplier	3		2				20	25
	Non-restricted Manufacturer	1							1
	Pharmacy	5	2	16		7	27	213	270
	Physician Selling Drugs Location			3				10	13
	Pilot Programs								
	Warehouser	1		4		1	1	15	22
	Wholesale Distributor			1				8	9
Completed Total		13	2	38		13	32	400	498
Completed Virtual	Business CSR	2		21		1	2		26
	Medical Equipment Supplier								
	Pharmacy					1		9	10
Completed Virtual Total		2		21		2	2	9	36
Grand Total		15	2	59	0	15	34	409	534

March 17, 2026 - Full Board of Pharmacy Meeting

Routine Pharmacy Inspections – Date Range: 10/01/2025 – 12/31/2025

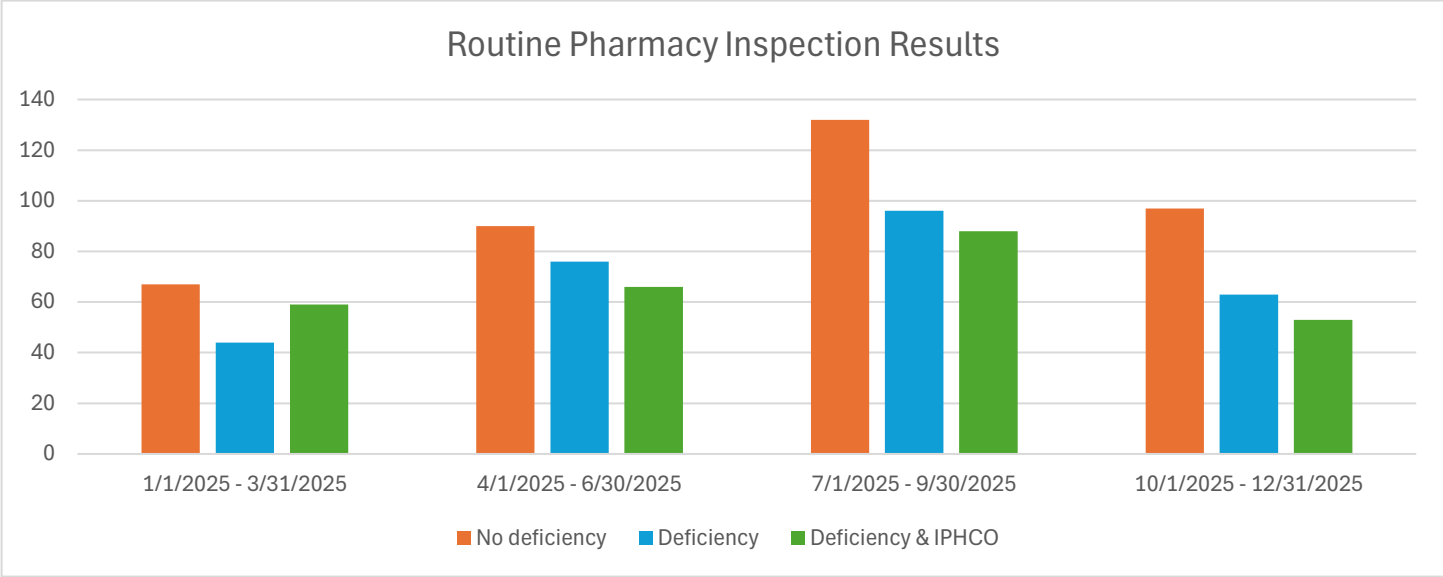
Top 5 cited deficiencies

Description	Number of times cited
133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2.	**19**
109. Expired drugs in working stock, dispensed drugs being returned to stock not in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container).	**17**
15. Perpetual inventory not being maintained as required as it does not: • Include all Schedule II drugs received or dispensed; • Accurately indicate the physical county of each Schedule II drug "on-hand" at the time of performing the inventory; • Include a reconcilation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical county and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.	**15**
113. Inventories taken on time, but not in compliance, i.e., no signature, date, opening or close, Schedule II drugs not separate, failure to include expired drugs.	**14**
2. Pharmacist-In-Charge in place, inventory taken, but application not filed with Board within the required time frame **14.** No incoming change of Pharmacist-In-Charge inventory, inventory taken over 5 days late or substantially incomplete, i.e., did not include all drugs in Schedules II-V.	**Tied at 11**

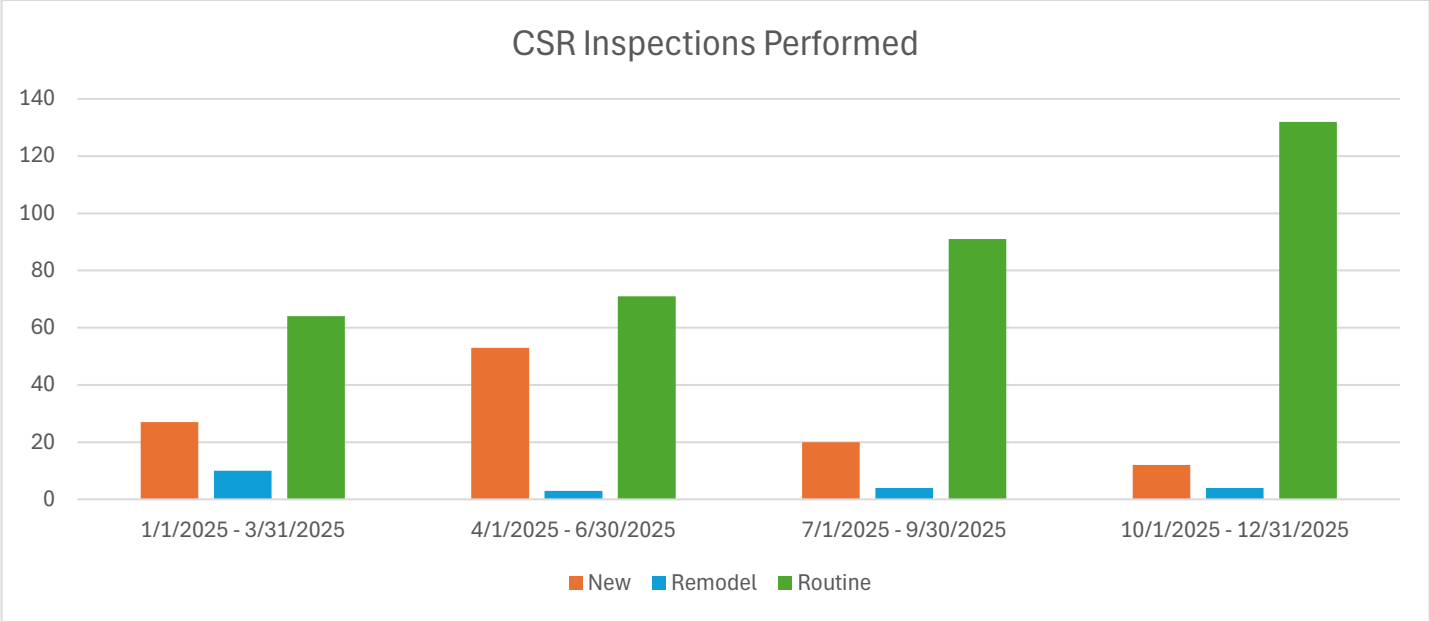
March 17, 2026 - Full Board of Pharmacy Meeting

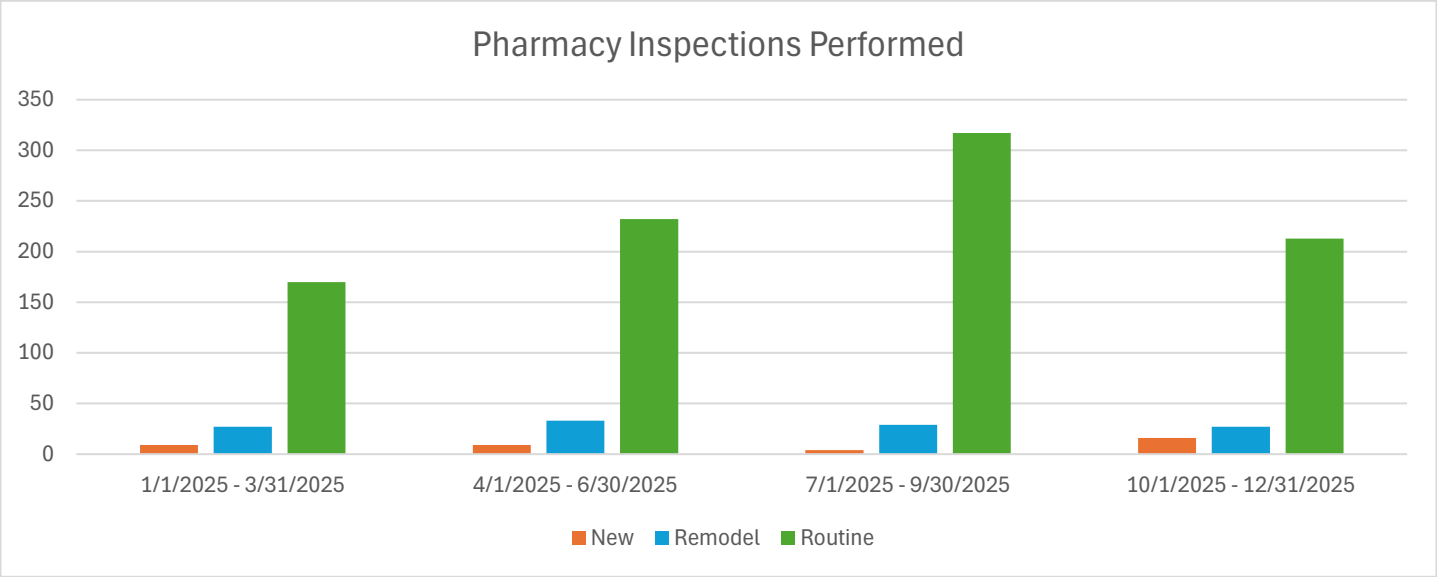
Routine Inspection Results - 10/01/2025 – 12/31/2025

License Type	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR	55		77	132
Third Party Logistics Provider	1		1	2
Wholesale Distributor	3		5	8
Medical Equipment Supplier	6		14	20
Pharmacy	63	53	97	213
Physician Selling Drugs Location	6		4	10
Warehouser	4		11	15
Grand Total	137	53	210	400



March 17, 2026 - Full Board of Pharmacy Meeting





Virginia Department of Health Professions

Cases Received, Open & Closed

Agency Summary

Quarter 2 – Fiscal Year 2026

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	CURRENT Q2 2026
Number of Cases Received	1,556	1,481	1,773	1,898	2,050	1,961	2,054	1,881	1,941	1,876	1,929	2,244	2,256	2,140
Number of Cases Open	4,174	4,392	4,672	4,783	4,792	5,079	5,174	5,107	5,183	5,114	5,186	5,568	5,601	5,667
Number of Cases Closed	1,754	1,586	1,857	1,952	2,075	1,674	2,036	1,934	1,832	1,949	1,854	1,878	2,268	2,111

Virginia Department of Health Professions

Cases Received, Open & Closed

Agency Summary

Quarter 2 – Fiscal Year 2026

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

		Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	CURRENT Q2 2026
Pharmacy	**Number of Cases Received**	215	210	204	249	206	179	204	172	174	167	200	229	202	183
	Number of Cases Open	416	437	384	442	390	372	383	348	321	310	341	372	335	325
	Number of Cases Closed	228	214	288	220	257	199	195	210	200	179	174	207	241	206
Physical Therapy	**Number of Cases Received**	15	13	10	4	10	27	10	9	18	15	16	15	28	16
	Number of Cases Open	35	34	36	35	31	55	52	33	39	46	48	55	69	73
	Number of Cases Closed	21	18	8	5	14	4	15	29	12	9	15	8	14	10
Psychology	**Number of Cases Received**	20	18	22	31	39	35	32	45	46	41	28	37	40	34
	Number of Cases Open	163	169	174	172	167	157	154	159	170	167	154	150	165	166
	Number of Cases Closed	26	16	24	49	44	43	37	40	35	43	42	50	27	37

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q2 2022 - Q2 2026

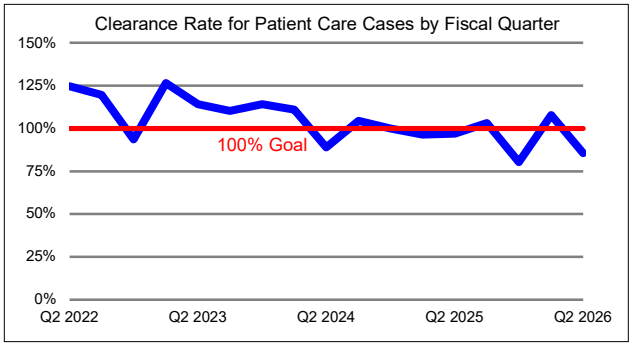
David E. Brown, D.C.
Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days that a case was in the continuance activity.

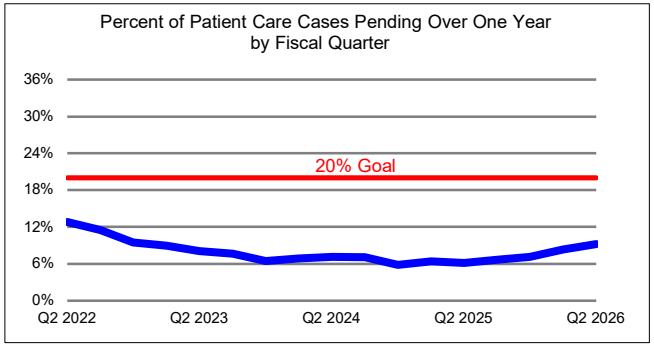
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 85%, with 1,337 patient care cases received and 1,142 closed.



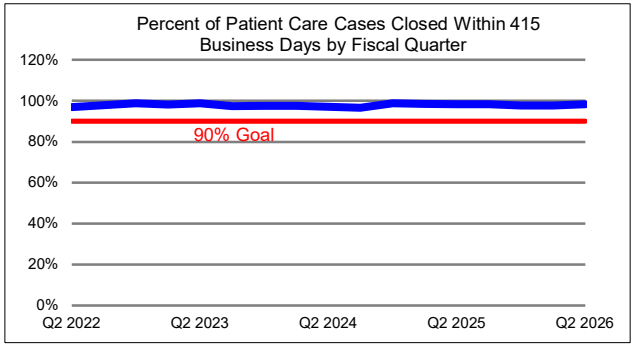
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 9% patient care cases pending over 415 business days, with 379 of the 4,135 patient care cases pending over 415 business days.



Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 98% of patient care cases being resolved within 415 business days, with 1,046 of the 1,063 cases closed within 415 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

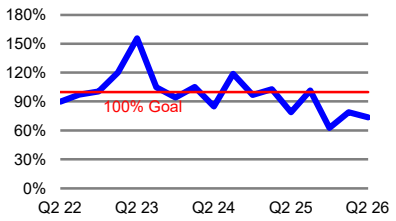
Medicine

Clearance Rate: 73%
451 Cases Received
331 Cases Closed

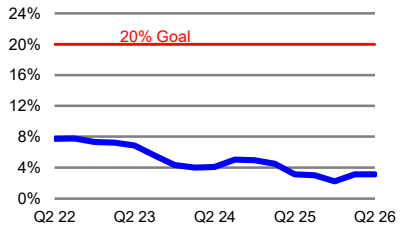
Pending Caseload Over 415 Days: 3%
28 cases out of 895 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
329 cases out of 329 were closed within 415 Days

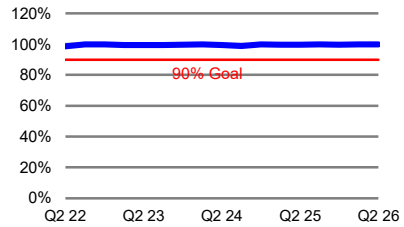
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition

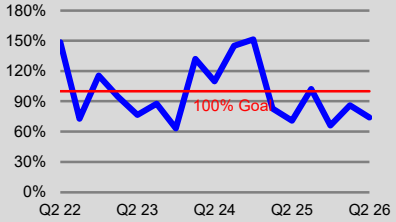


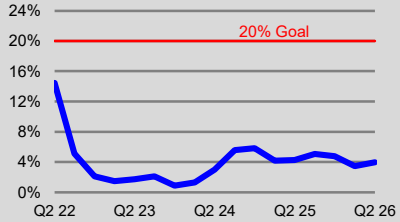
Dentistry

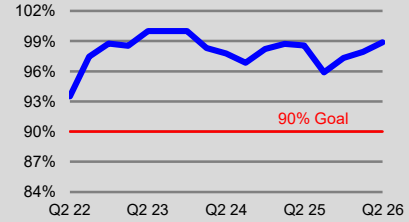
Clearance Rate: 74%
123 Cases Received
91 Cases Closed

Pending Caseload Over 415 Days: 4%
18 cases out of 451 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
88 cases out of 89 were closed within 415 Days





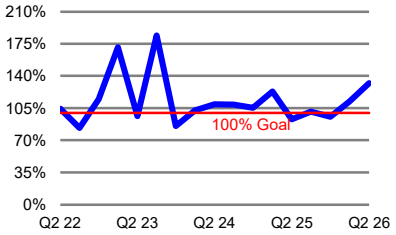


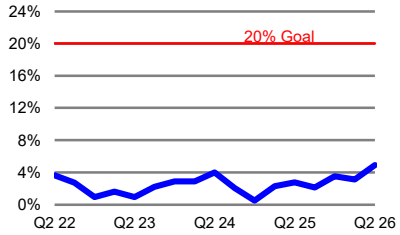
Pharmacy

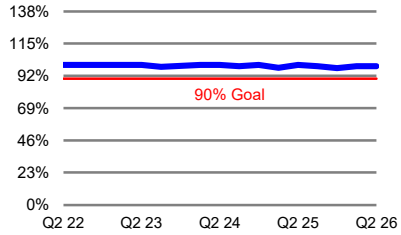
Clearance Rate: 132%
75 Cases Received
99 Cases Closed

Pending Caseload Over 415 Days: 5%
9 cases out of 183 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
96 cases out of 97 were closed within 415 Days







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q2 2022 - Q2 2026

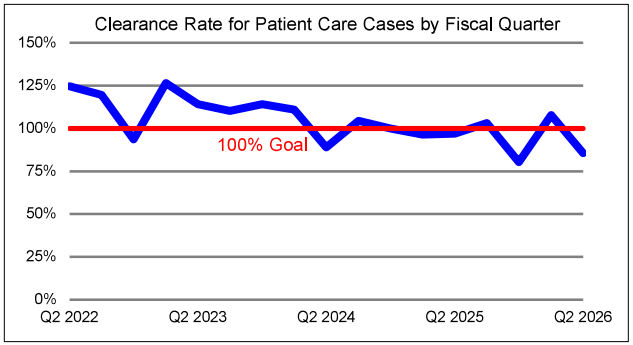
David E. Brown, D.C.
Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days that a case was in the continuance activity.

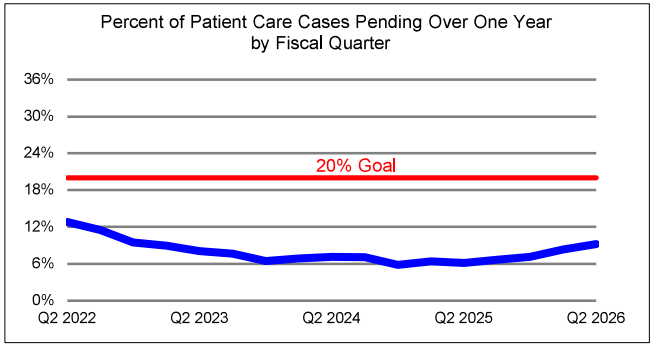
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 85%, with 1,337 patient care cases received and 1,142 closed.



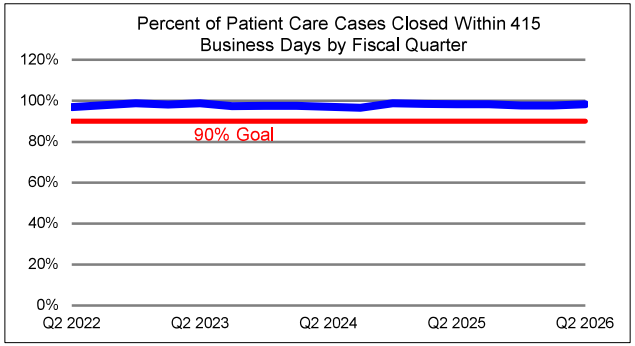
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 9% patient care cases pending over 415 business days, with 379 of the 4,135 patient care cases pending over 415 business days.



Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 98% of patient care cases being resolved within 415 business days, with 1,046 of the 1,063 cases closed within 415 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

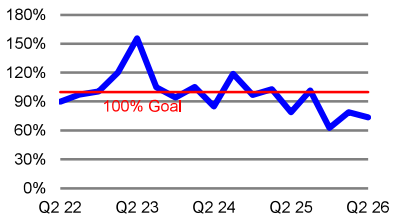
Medicine

Clearance Rate: 73%
451 Cases Received
331 Cases Closed

Pending Caseload Over 415 Days: 3%
28 cases out of 895 are pending over 415 Days

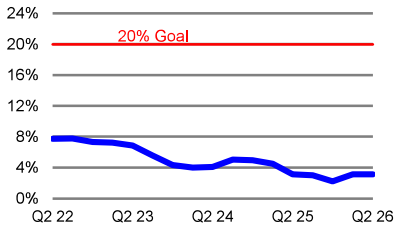
Time to Disposition Within 415 Days: 100%
329 cases out of 329 were closed within 415 Days

Clearance Rate

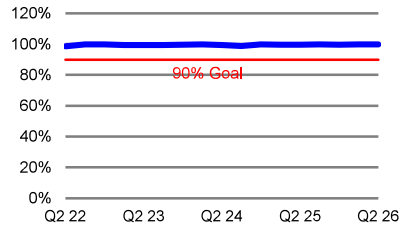


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

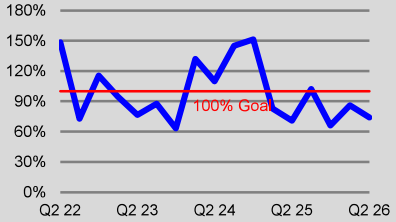


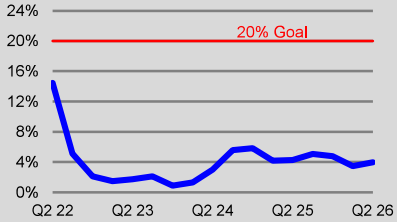
Dentistry

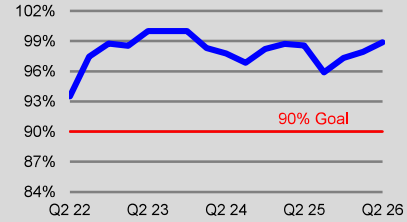
Clearance Rate: 74%
123 Cases Received
91 Cases Closed

Pending Caseload Over 415 Days: 4%
18 cases out of 451 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
88 cases out of 89 were closed within 415 Days





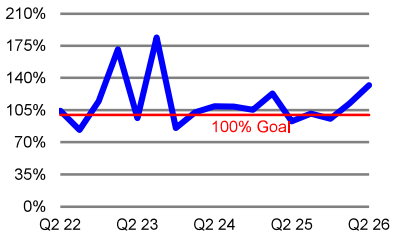


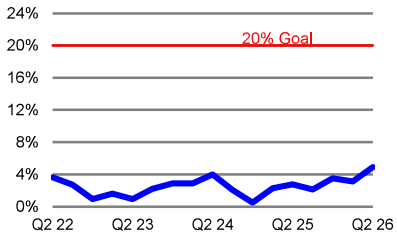
Pharmacy

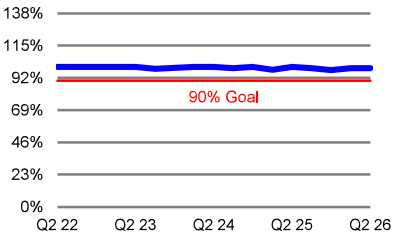
Clearance Rate: 132%
75 Cases Received
99 Cases Closed

Pending Caseload Over 415 Days: 5%
9 cases out of 183 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
96 cases out of 97 were closed within 415 Days







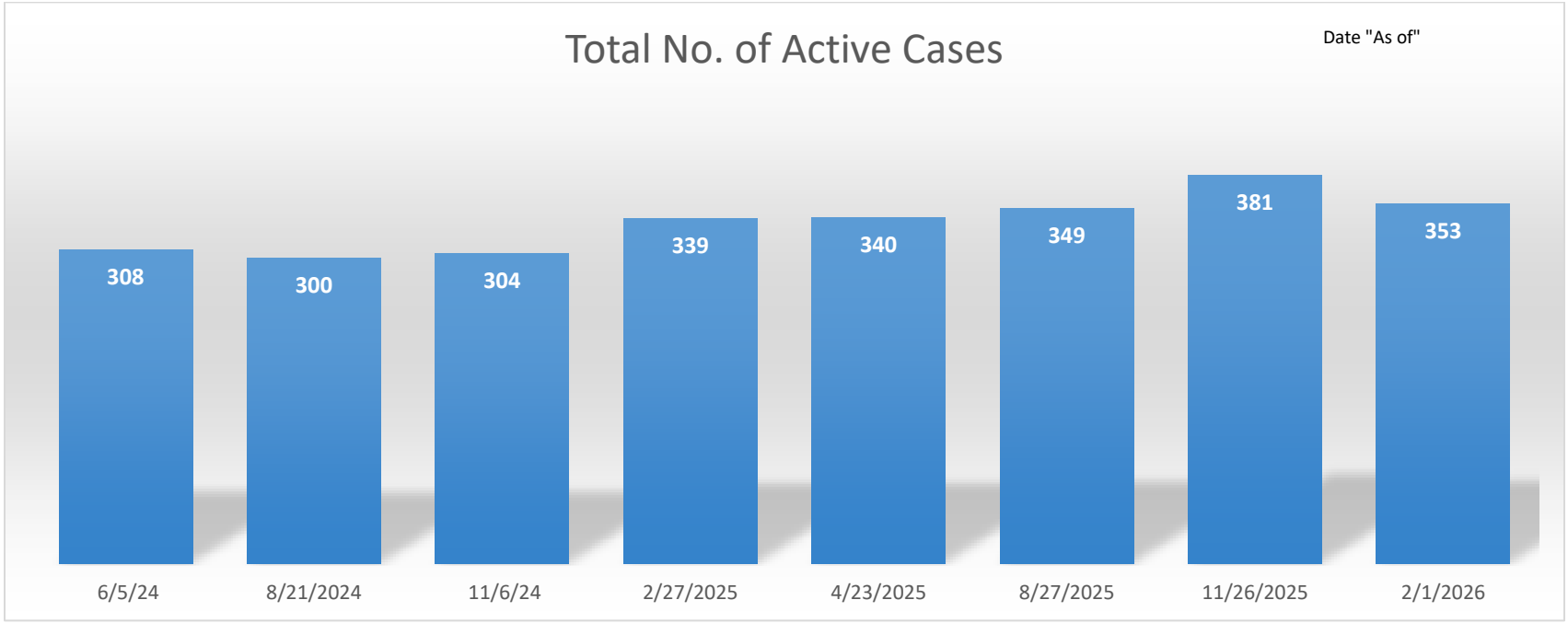
Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

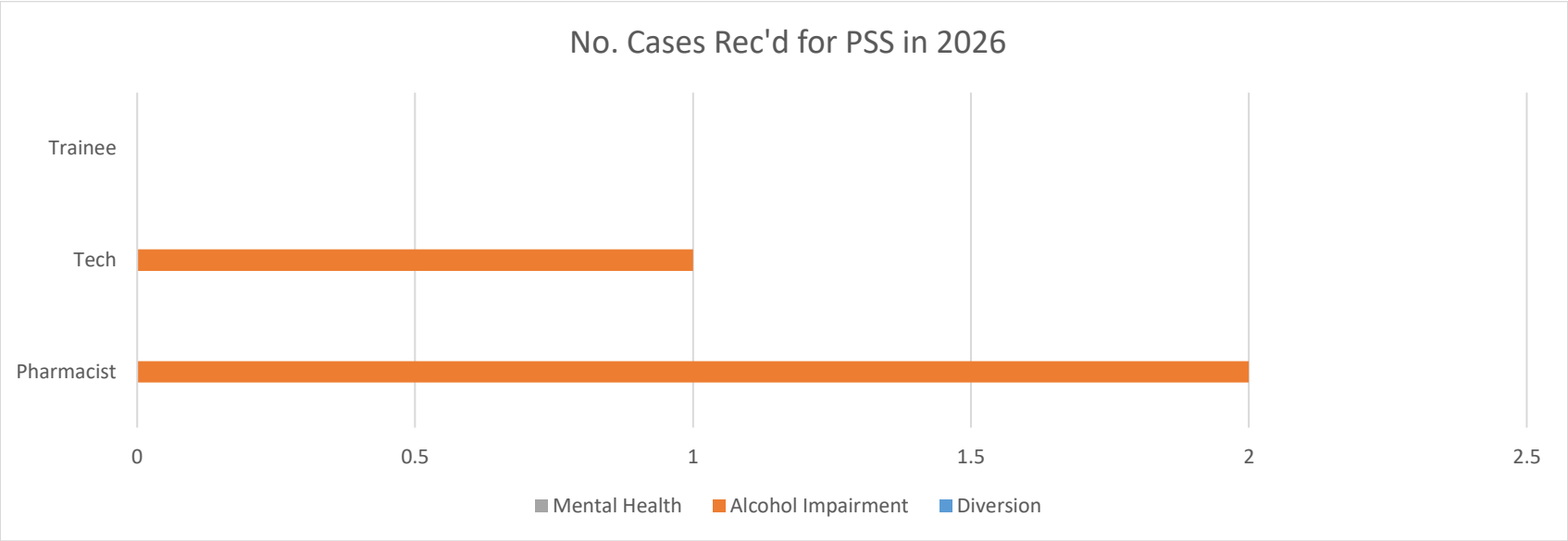
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

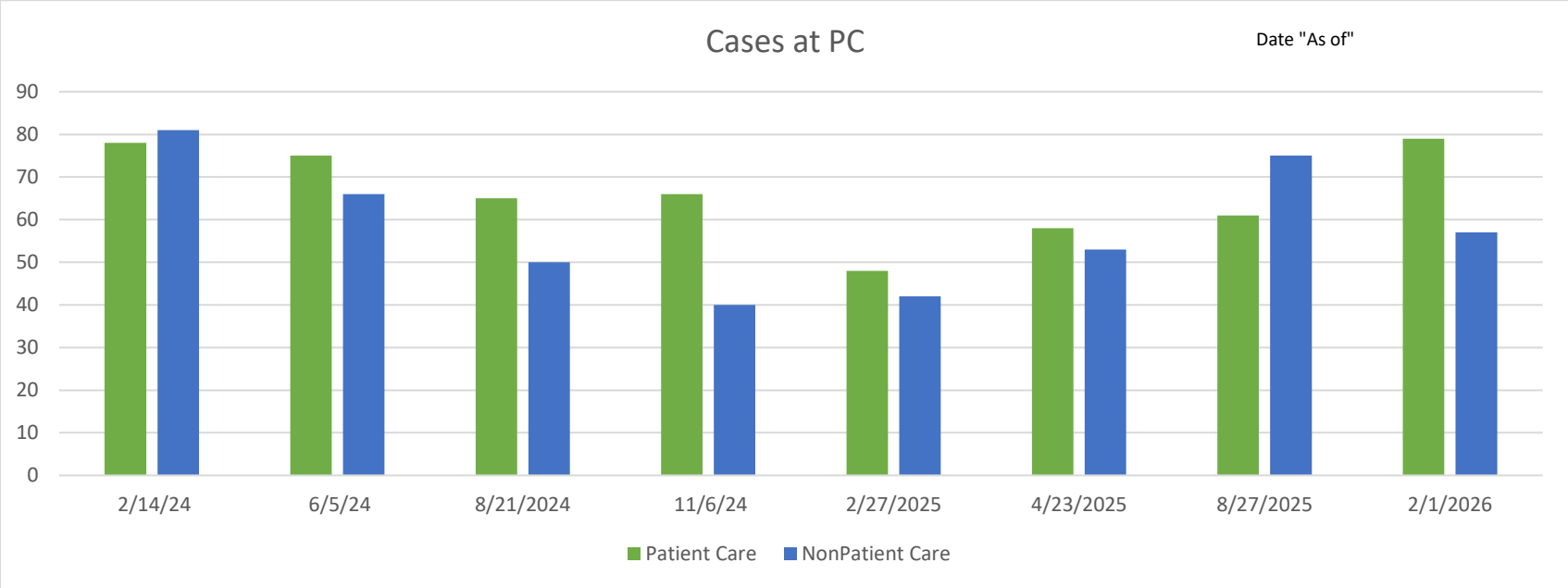
Discipline Program Report

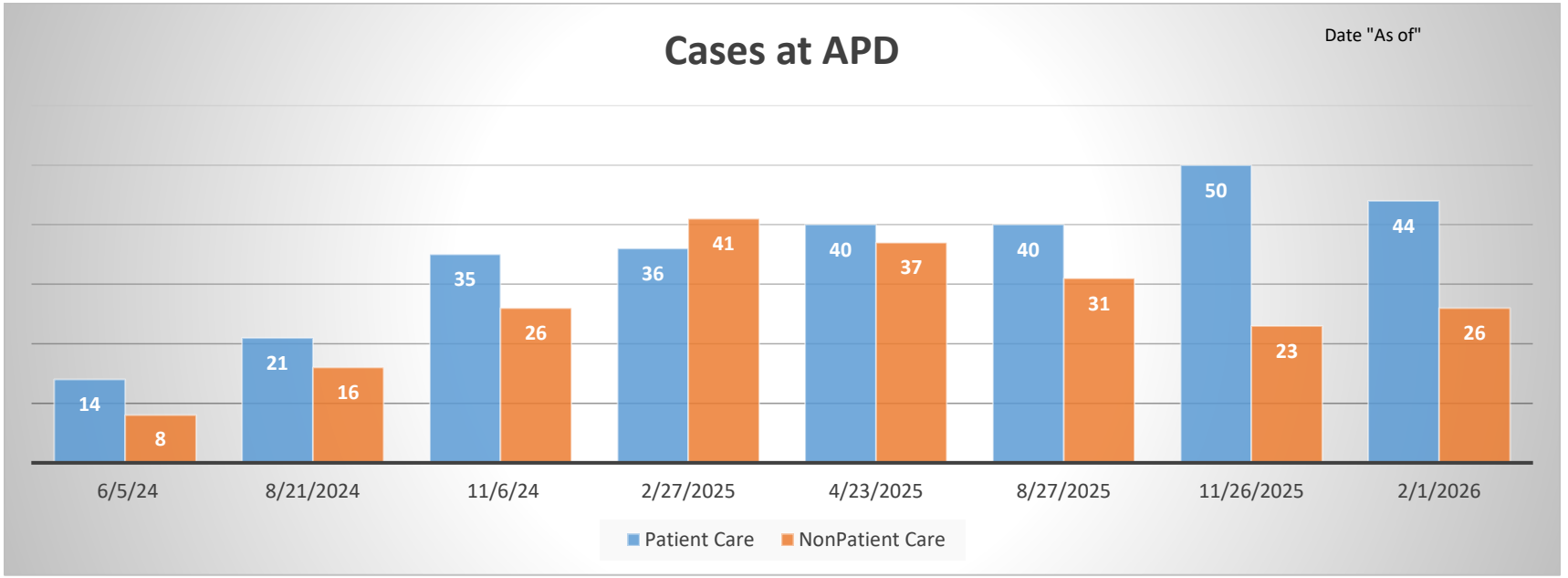
Open Cases as of 2/1/26:

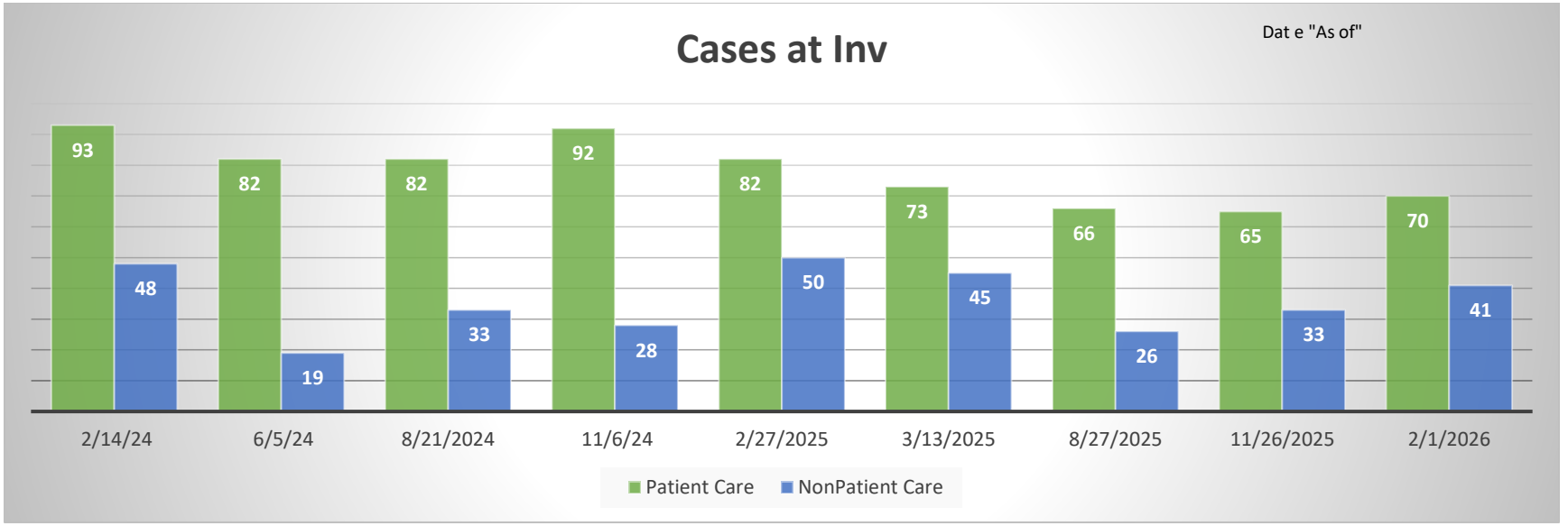
	PC	APD	Investigation	FH	IFC	Other	Pending Closure	Entry	TOTALS
Patient Care Cases	79	44	70	0	1	0	1	5	200
Non-Patient Care Cases	57	26	41	1	15	1	12	0	153
								TOTAL:	**353**

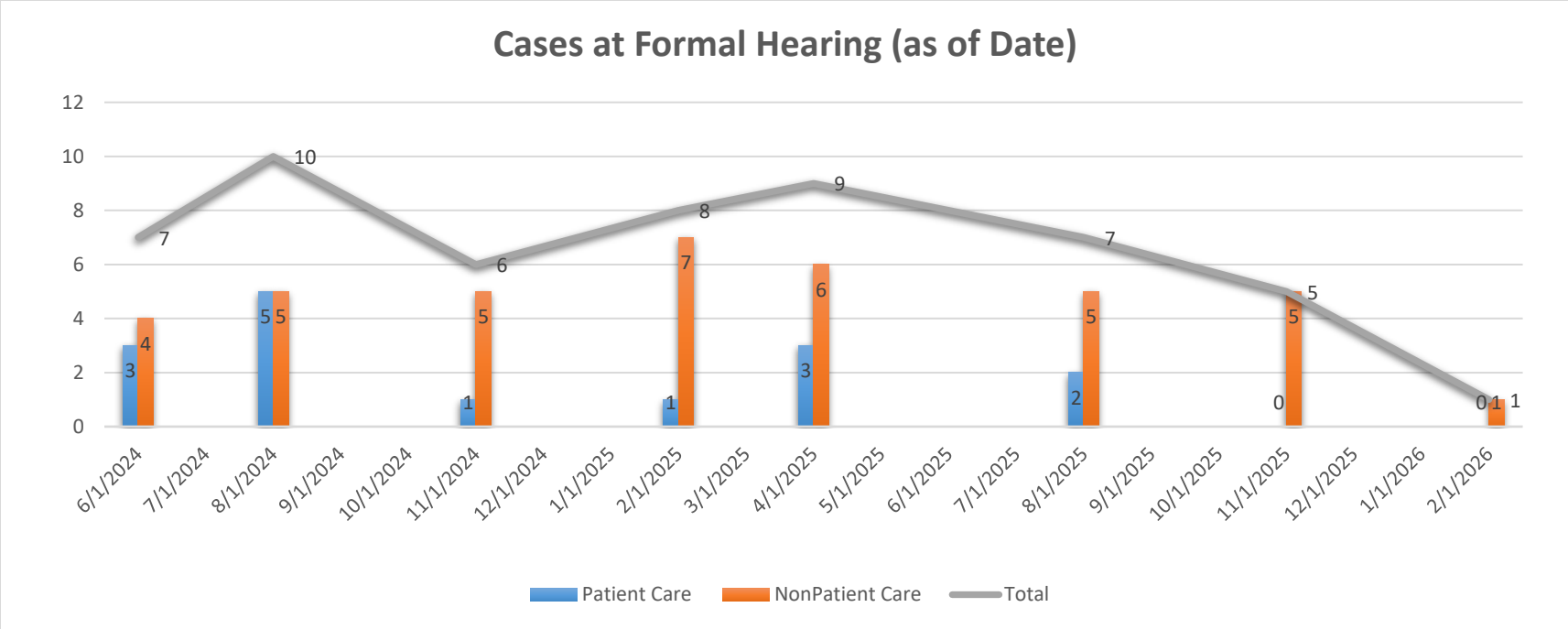



No. Cases Rec'd for PSS in 2026
Trainee
Tech
Pharmacist
0
0.5
1
1.5
2
2.5
Mental Health
Alcohol Impairment
Diversion


Cases at PC
Date "As of"
90
80
70
60
50
40
30
20
10
0
2/14/24
6/5/24
8/21/2024
11/6/24
2/27/2025
4/23/2025
8/27/2025
2/1/2026
Patient Care
NonPatient Care


Cases at APD
Date "As of"
14
8
21
16
35
26
36
41
40
37
40
31
50
23
44
26
6/5/24
8/21/2024
11/6/24
2/27/2025
4/23/2025
8/27/2025
11/26/2025
2/1/2026
Patient Care
NonPatient Care


Cases at Inv
Dat e "As of"
93
48
82
19
82
33
92
28
82
50
73
45
66
26
65
33
70
41
2/14/24
6/5/24
8/21/2024
11/6/24
2/27/2025
3/13/2025
8/27/2025
11/26/2025
2/1/2026
Patient Care
NonPatient Care



Upcoming Disciplinary Proceedings		
March 18, 2026	Dowdy/Wilgus	Informal Conferences
April 14, 2026	All Board Members	Formal Hearings
April 15, 2026	Agency Subordinate	Informal Conferences
April 28, 2026	Yuan/Richards-Spruill	Informal Conferences
May 13, 2026	Ratliff/Kale	Informal Conferences
May 27, 2026	All Board Members	Formal Hearings
May 28, 2026	Dowdy/Wilgus	Informal Conferences
June 16, 2026	All Board Members	Full Board Meeting/Formal Hearings

Innovative Pilot Programs

Informal Conference meeting: January 20, 2026

- Approved "Pharmacist Remote Verification Pilot Program" for OTP Pinnacle (10 locations)
- Denied "Utilization of Starter Packs for Emergency Department Medication Dispensing" for Sentara Leigh Hospital

Other decisions:

- Approved w/o convening SCC: Remote OTP Pharmacist and Dose Verification City of Alexandria
- Approved w/o convening SCC: PROOF OTP remote pharmacist verification increased from six to ten locations

New Applications: None

Executive Director's Report – March 17, 2026

In-person or Virtual Meetings Attended Since December Board Meeting:

- Monthly Interagency Standing Meeting, DHP Executive Directors Meeting, DHP Executive Leadership Meeting
- Forensic Science Board Meeting
- NABP Monthly Executive Officers' Call
- NABP filming of docuseries *Health Heroes* (project of Global Health Council, an affiliate of WHO)
- FDA Section 804 Drug Importation Meeting, Maryland
- Planning Meeting for 2027 NABP/AACP Districts 1 & 2 Meeting
- Virginia Society of Health-System Pharmacists Leadership Forum, Spring Seminar, Williamsburg
- Virginia Pharmacy Association Annual Convention, Roanoke

Upcoming In-person or Virtual Meetings:

- Monthly Interagency Standing Meeting, DHP Executive Directors Meeting, DHP Executive Leadership Meeting
- Forensic Science Board Meeting
- NABP Monthly Executive Officers' Call
- NABP Annual Meeting, Boston

Presentations Given Since December Board Meeting:

- Shenandoah University College of Pharmacy, Board Overview, Winchester
- Virginia Society of Health-Systems Pharmacists, Williamsburg
- Mutual Drug Pharmacy Law Update (NC, VA, SC), virtual

Upcoming Presentations:

- Hampton University School of Pharmacy, Board of Pharmacy Update – TBD
- DEA/Board Inspection Overview, Abingdon