

# Verified Internet Pharmacy Practice Sites<sup>CM</sup> (VIPPS<sup>CM</sup>)

## Application Instructions

### Important Information:

1. Applications **MUST** be submitted online.
2. We strongly encourage that the application, survey, and annual participation fees be paid by credit card (MasterCard, Visa, or American Express) at time of submission of the online application.
3. Payments sent via mail must be received at NABP within 14 days from submission of the application.
4. **ALL** required supplemental documentation must be provided to NABP within 90 days from application submission date or the application may be cancelled.
5. *VIPPS P&P Guidance Checklist* will be provided to applicants upon submission of application with fees.
6. **ALL** copies of actual policies and procedures (P&Ps) as set forth in the 2009 *VIPPS P&P Guidance Checklist* must be provided electronically to NABP within 90 days from the date NABP sent the *VIPPS P&P Guidance Checklist* or the application may be cancelled.
7. Applicants **MUST** notify VIPPS staff of any delay in submitting the required documents. Time extension requests may be subject to administrative fees. Failure to notify NABP of any delay may result in cancellation of your application.
8. We will review P&Ps only upon receiving and confirming **ALL** supplemental documentation is acceptable.
  - Refer to No. 15 a-d below for instructions on submitting P&Ps. An example of acceptable P&P format is included in the 2009 *VIPPS P&P Guidance Checklist*, which will be provided upon receipt of application and fees.
9. We will schedule an on-site survey only upon receiving and confirming **ALL** P&Ps are compliant with VIPPS criteria.
10. Cancelled or withdrawn applications are subject to administrative fees.

The VIPPS accreditation process begins with completing the online application and submitting required documentation and appropriate fees. The following instructions are included to help the applicant provide the correct information.

1. The VIPPS Application includes a list of VIPPS Criteria for which the National Association of Boards of Pharmacy<sup>®</sup> (NABP<sup>®</sup>) requires documentation demonstrating compliance. NABP reviews the submitted documents and specifically looks for certain policies and procedures believed by NABP to be essential to meeting the intent of the VIPPS criteria. You will be notified, via e-mail, if NABP finds any of the submitted materials unacceptable or in need of clarification. When requested, please send mocked-up forms with fictitious information so that the data demonstrates how the form is actually used. Do not

send blank forms. Completed forms help NABP interpret how a form is actually used.

2. Business Name is the name that will appear on the VIPPS information page on NABP's Web site.
3. Web site URL must be the Internet address for the pharmacy's home page. It will be used by the public to return to your site after they have visited the VIPPS Web site to verify your information, whether they entered the VIPPS-specific Web site by clicking on the Seal or entered the VIPPS general Web site to search for an online pharmacy to use.
4. Contact person should complete the application form, and will coordinate responses and revisions to policies and procedures, if necessary, and will schedule on-site surveys and will coordinate renewal of accreditation.
5. Pharmacy Name is the dispensing facility. If more than one dispensing location is used, submit the applicable information for each location on a separate sheet.
6. Pharmacist-in-Charge (PIC) is the registered pharmacist that oversees the day-to-day operations of the dispensing facility. In most pharmacies, the PIC is the pharmacy manager.
7. PIC State License(s) is/are the state(s) in which the PIC holds a PIC license. Must include all current & expired licenses.
8. Phone number for public to report medical and pharmaceutical problems must be toll-free and monitored 24 hours, 7 days/week allowing appropriate response time for a pharmacist or primary care practitioner to intervene in case of a serious drug reaction.
9. Ownership information applies to sole proprietors and partnerships.
10. Name of Corporate (Parent) Entity applies to any for-profit or not-for-profit legal entity that owns or contracts for the pharmacy services. It is the controlling or parent company.
11. Major Investors include silent partners, venture capitalists and any person, partnership, or corporation who directly or indirectly owns greater than 10% equity position in the ownership or controlling interest of the pharmacy and/or greater than 10% voting interest in such organization.
12. Services/Products Provided. At the discretion of NABP, some groups or categories of services may not be listed on the Web site. Those categories listed will be searchable fields for the public to use when seeking a VIPPS-accredited pharmacy licensed to service in-state residents.
13. Licensure Maintenance is/are the state(s) in which the pharmacy is licensed or registered. If the pharmacy ships or intends to ship prescription drugs and devices to residents of states that do not require nonresident pharmacy licensure, list the names of those states.

**14. Ensure all supplemental documentation listed below is submitted.**

- a. Copy of the pharmacy's DEA certificate of registration (ONLY if pharmacy handles controlled substances)
- b. Copies of actual board or agency Disciplinary Orders (if applicable)

**15. Ensure all required Policies and Procedures listed below are submitted**

1. Licensure
2. Policy Maintenance
3. Compliance with Laws and Conflicts of Law
4. Prescriptions
5. Patient Information
6. Patient Profiles
7. Drug Utilization Review
8. Confidentiality of Patient Information
9. Patient Consultation
10. Reporting Adverse Drug Reactions and Errors
11. Undue Delays
12. Recalls
13. Disposal of Products
14. Storage and Shipment
15. Over-the-Counter Products
16. Quality Improvement Programs
17. Reporting to NABP

- a. Copies of **actual** P&Ps (drafts NOT accepted) evidencing compliance as set forth in the *VIPPS P&P Guidance Checklist*. P&Ps not submitted in accordance with the *VIPPS P&P Guidance Checklist* will delay processing the application.

(While working on your P&Ps to comply with the VIPPS criteria, also provide a list of all your dispensing pharmacies that share the same P&Ps. Any facility-specific P&Ps should also be identified. At minimum, the list should include the following information:

- o Name of the dispensing pharmacy
- o Complete address

(If any of the processes are performed at your corporate office, provide a list of those processes and identify it on the checklist)

- b. P&P must be in an acceptable format including:
  - i. Title and P&P number on each one
  - ii. Appropriate signatures **must** be in one of these formats:
    - a. Actual signature on each page of the P&Ps
    - b. Electronic signature on each page of the P&Ps
    - c. Signature statement indicating all P&Ps are approved

- c. *P&P Guidance Checklist* must be completed and submitted.
  - i. The checklist will allow you to type your answers on each page; however, you cannot save this document. You must **print** the document and scan it into a new file.
- d. To help expedite the application process we **strongly** encourage the following:
  - o Submit P&P as Microsoft Word files
  - o Include an Index of the P&Ps submitted
  - o Submit each P&P as an individual file. See below for an example of how to best name the P&P files

**Document Submission:**

1. All documents should be submitted together at one time rather than individually.
2. To expedite the application process, supplemental documents should be uploaded electronically as an individual files during the online application process.
3. When uploading electronic documents please select the appropriate title of the document in the drop-down menu.
4. Alternatively, the documents may be submitted by one of the following methods
  - a. E-mailing the documents (**as attachments**) to [vipps@nabp.net](mailto:vipps@nabp.net)
  - b. Mailing a CD of the documents along with a copy of the receipt page (issued following completion of the online application) via a land carrier to:

ATTN: VIPPS  
National Association of Boards of Pharmacy  
1600 Feehanville Drive  
Mt Prospect, IL 60056

- c. When mailing, e-mailing, or sending the documents via CD-ROM, please include appropriate identifying information about the pharmacy and name the documents according to the examples below:

Example 1: For Supplemental Document #1, name electronic file or label paper document as “DEA certificate for VIPPS Pharmacy”

Example 2: For Policy and Procedure, name electronic file or label paper document as “Prescriptions: Patient Prescriber Relationship”

*Please note that NABP reserves the right to share information with its member boards of pharmacy or appropriate regulatory or law enforcement authorities concerning the status of applicant’s accreditation application and/or any denial of accreditation.*

