



**Verified Internet Pharmacy Practice Sites™ (VIPPS®) Application**  
**PLEASE SEND ONE ORIGINAL AND TWO (2) COPIES OF THE APPLICATION**

**Profile Information**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

(Enter the name as you would like it to appear on the VIPPS listing)

Doing Business As: \_\_\_\_\_

(If different than Business Name)

Web site URL: \_\_\_\_\_

Contact Person for VIPPS Accreditation: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site Manager: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Pharmacy Information**

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_

Pharmacy Fax: \_\_\_\_\_

Pharmacy E-mail: \_\_\_\_\_

Pharmacist-in-Charge: \_\_\_\_\_

Pharmacist-in-Charge's:

State Licenses

License Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use a separate sheet Designated "Pharmacist-in-Charge Licenses" if more space is needed)

Toll-free phone number for public to report medical and pharmaceutical problems: \_\_\_\_\_

Toll-free phone number for public to report business-related problems: \_\_\_\_\_

**Ownership Information**

Ownership: (Check one)      Sole Proprietor:\_\_\_\_\_ Partnership:\_\_\_\_\_ Corporation:\_\_\_\_\_

Name of Owner(s) or Name of Corporate Entity: \_\_\_\_\_

Business/Corporate Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business/Corporate Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Number of Years Corporate Owner Has Operated a Pharmacy: \_\_\_\_\_

Number of Years Corporate Owner Has Operated the Internet-based Pharmacy: \_\_\_\_\_

**Major Investors:**

(List the name and address of any person, partnership, or corporation with a greater than ten percent (10%) equity position in the ownership or controlling interest of the Site)

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services/Products Provided (Check all that apply):**

\_\_\_\_ Prescription Medication Prescribing

\_\_\_\_ Online Prescribing/Consultation

\_\_\_\_ Dispense Prescription Medications Based Upon Telephonic/Electronic/Online  
Consultations

\_\_\_\_ Prescription Medication Dispensing

\_\_\_\_ Controlled Substance Dispensing

\_\_\_\_ CII

\_\_\_\_ CIII

\_\_\_\_ CIV

\_\_\_\_ CV

\_\_\_\_ Over-the-Counter Medications

\_\_\_\_ Cosmetics and Toiletries

\_\_\_\_ Herbals and Homeopathics

\_\_\_\_ Vitamins and Nutritionals

\_\_\_\_ Dispense Medical Devices

\_\_\_\_ Medical/Pharmaceutical Information On-Site

\_\_\_\_ Medical/Pharmaceutical Information Via Link

\_\_\_\_ Interactive Patient Information Services

\_\_\_\_ Same-Day Delivery

\_\_\_\_ Next-Day Delivery

***Please note that NABP reserves the right to share information with its member boards  
concerning any denial of VIPPS accreditation to a VIPPS applicant.***



- 2) Are all persons affiliated with this site, including those affiliated through contractual or other responsible arrangement, who are engaging in the practice of pharmacy (including pharmacists and technicians), appropriately licensed or registered in good standing in the state in which they practice? Are there written policies and procedures for verifying the licensure or registration of new employee pharmacists and, where applicable, pharmacy technicians?

Yes\_\_\_ No\_\_\_

- On a separate sheet, submit a list of any persons whose license is not in good standing or whose license has been restricted within the past three (3) years. Include licensee name, state board, license number, and explanation of restriction. Designate the list as “**2a.**”
- Submit a copy of the applicable policies and procedures. Designate it as “**2b.**”

- 3) Are there written policies and procedures that document how the pharmacy’s policies and procedures are organized, authorized, reviewed, revised, and retired/archived?

Yes\_\_\_ No\_\_\_

- Submit a copy of the applicable policy(s) and procedure(s). Designate it as “**3.**”

- 4) Are there written policies and procedures to resolve conflicts that arise between individual state laws or regulations and/or between state and federal laws and regulations whereby the more stringent law or regulation is followed?

Yes\_\_\_ No\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “**4a.**”

Are there written policies and procedures that assure compliance with applicable generic substitution and therapeutic substitution statutes and regulations?

Yes\_\_\_ No\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “**4b.**”

## Prescriptions

- 5) Are there written policies and procedures that assure the integrity and authenticity of the prescription drug order to prevent the prescription drug order from being submitted, honored, and filled by multiple pharmacies?

Yes\_\_\_ No\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “**5a.**”

Are there written policies and procedures that assure that prescription medications are not prescribed or dispensed based upon telephonic, electronic, or online medical consultations without there being a pre-existing patient-prescriber relationship and an in-person physical examination?

Yes\_\_\_ No\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “**5b.**”

## Patient Information

- 6) Are there written policies and procedures that assure reasonable verification of the identity of patient, prescriber, and, if appropriate, caregiver?

Yes\_\_\_\_\_ No\_\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “6.”

- 7) Are there written policies and procedures for obtaining and maintaining patient medication profiles and other related data in a readily accessible format organized to facilitate consultation with prescriber, patient, or caregiver.

Yes\_\_\_\_\_ No\_\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “7.”

- 8) Are there written policies and procedures detailing the steps in conducting prospective drug use reviews prior to dispensing of medications or medical devices?

Yes\_\_\_\_\_ No\_\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “8.”

- 9) Are there written policies and procedures to ensure patient confidentiality and the protection of patient identity and patient-specific information from inappropriate or non-essential access, use, or distribution while such information is being transmitted via the Internet and while the pharmacy possesses such information?

Yes\_\_\_\_\_ No\_\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “9.”

## Communication

- 10) Are there written policies and procedures that require pharmacists to offer interactive and meaningful consultation to the patient or caregiver?

Yes\_\_\_\_\_ No\_\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “10a.”
- Submit samples of written offers of consultation to patients, e-mail messages offering patient consultation, and phone logs or print screens documenting phone contact and offers of consultation. Designate them as “10b.”

- 11) Are there written policies and procedures establishing a mechanism for patients to report errors and suspected adverse drug reactions and detailing the pharmacy’s response to such reports?

Yes\_\_\_\_\_ No\_\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “11a.”
- Submit an example of the form or log used to document such occurrences and their resolution. Designate it as “11b.”

12) Are there written policies and procedures that provide a mechanism to contact the patient and prescriber if an undue delay is encountered in delivering a prescribed drug or device?

Yes\_\_\_\_ No\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “12.”

13) Are there written policies and procedures to inform patients or caregivers about drug recalls?

Yes\_\_\_\_ No\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “13.”

14) Are there written policies and procedures to educate patients or caregivers about the appropriate means to dispose of expired, damaged, and unusable medications?

Yes\_\_\_\_ No\_\_\_\_

- Submit copies of any educational material distributed to patients. Designate them as “14.”

### **Storage and Shipment**

15) Are there written policies and procedures that provide for shipping controlled substances to patients via a secure means that ensures proper delivery and seeks to prevent diversion?

Yes\_\_\_\_ No\_\_\_\_

- Submit a copy of the applicable policies and procedures along with completed examples of shipment forms and/or logs. Designate it as “15.”

16) Are there written policies and procedures to assure medications and devices are maintained within appropriate temperature, light, and humidity standards, as established by the United States Pharmacopeia, during storage and shipment?

Yes\_\_\_\_ No\_\_\_\_

- Submit copy of the applicable policies and procedures. Designate it as “16a.”
- Submit sample temperature logs and other forms used. Designate them as “16b.”

### **Over-the-Counter Products**

17) Are there written policies and procedures to effect compliance with applicable federal and state laws regarding the sale of over-the-counter products identified as precursors to the manufacture or compounding of illegal drugs?

Yes\_\_\_\_ No\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “17.”

### **Quality Improvement Programs**

18) Is there a documented Quality Assurance/Quality Improvement (QA/AI) Program?

Yes\_\_\_\_ No\_\_\_\_

- Submit a copy of the QA/QI program, an example of any forms used, and periodic program reports. Designate them as “18.”

**Reporting to NABP**

- 19)** Are there written policies and procedures establishing a mechanism to ensure NABP is notified within 30 days of a change in any data displayed on the VIPPS Web site and within 10 days of ceasing operations?

Yes\_\_\_\_ No\_\_\_\_

- Submit a copy of the applicable policies and procedures. Designate it as “19.”

## **Testament**

I swear that to the best of my knowledge the information contained in this application is true and accurate and that I have the authority to act and to bind the entity as an agent or representative for purposes of participation in the VIPPS Program. I further affirm that the pharmacy, the corporation, the pharmacy owners, the corporate staff, and the pharmacy staff currently are and will operate in compliance with all state and federal laws. For the organization, I authorize release of any and all information from state boards of pharmacy to NABP for the purpose of verifying licensure status and investigating any disciplinary actions of record involving any person or entity associated with the organization in the practice of pharmacy.

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date

## **Confidentiality**

In consideration of the submission of the application and its addenda, and payment of the application fee, NABP agrees that all information in the application documentation and information NABP, its employees, contractors, or surveyors obtain through the accreditation process will be used for the purpose of evaluating the applicant's eligibility for accreditation. Such information shall be deemed confidential and shall not be disclosed, except to the extent that it is in the public domain, is legally required to be disclosed, or when NABP, its employees, contractors, or surveyors believe in good faith that the wholesale distributor, the corporation, the owner(s), the corporate staff, and/or the wholesale distributor staff engaged in or are engaging in conduct that violates state or federal law, in which case NABP reserves the right to notify its member boards of pharmacy or appropriate state or federal regulatory or law enforcement authorities. Please note that notwithstanding anything to the contrary above, 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.

NATIONAL ASSOCIATION OF  
BOARDS OF PHARMACY

By: \_\_\_\_\_

Executive Director/Secretary

\_\_\_\_\_  
Date

Submit this completed application and supporting documents along with payment of the appropriate application fee (See Fee Schedule).

Mail to:

National Association of Boards of Pharmacy

Attention: VIPPS Program

1600 Feehanville Drive

Mount Prospect, IL 60056

847/391-4406; [www.nabp.net](http://www.nabp.net)

Revised 7/29/02; 5/31/05; 03/28/07; 4/23/07