Application Instructions

for the

Verified Pharmacy Program® (VPP®)

Table of Contents

Completing the Online Application

General Guidance Prior to Completing the Application..............................................................................2
Create Account ............................................................................................................................................3
Manage Applications ..................................................................................................................................3
Statements of Agreement ...........................................................................................................................3
Legal Business Name Information ...........................................................................................................3
Ownership Information ...............................................................................................................................3
Pharmacy Information ................................................................................................................................4
Pharmacy Activities ..................................................................................................................................4
Pharmacy Activities (Compounding Questions) ..........................................................................................5
Pharmacy Activities (General, Internet, and Wholesale Distribution Questions) .................................6
Pharmacy Activities (Central Fill Question) ................................................................................................7
Pharmacy Activities (Nuclear Question) ......................................................................................................7
Upload Facility Licenses ...........................................................................................................................7
Upload Pharmacist(s)-in-Charge Licenses .................................................................................................8
Inspection ..................................................................................................................................................8
Accreditation ...........................................................................................................................................9
Disciplinary/Legal History ........................................................................................................................9
Final Application Review ..........................................................................................................................9
Attestation and Agreement ........................................................................................................................9
Payment ....................................................................................................................................................9
Incomplete Applications ............................................................................................................................10

Application Checklist..................................................................................................................................10

HIPAA Notice: NABP cannot accept Protected Health Information (PHI) or Personally Identifiable Information (PII). If any PHI or PII is received, your application will be considered incomplete and will result in a delay of review.

Cancelled or withdrawn applications are subject to handling fees. See the Refund Policy.

Time Limit: The online application will time out after 20 minutes of inactivity.
Completing the Online Application

General Guidance Prior to Completing the Application

- Please contact the board(s) of pharmacy in the state(s) in which you wish to achieve or renew nonresident licensure:
  - Determine the state’s requirements for licensure.
  - Notify the state board of your decision to obtain or renew your license.
- Please note that some states may have additional requirements that go beyond the VPP requirements. Participating in VPP does not guarantee achieving licensure for a particular state.
- For your convenience, an application checklist has been provided at the end of these instructions.
- **Ensure your pharmacy is eligible for VPP:**
  - In order to apply for VPP, the pharmacy must be fully operational for at least 30 days. If compounding, the pharmacy must also have been compounding preparations for at least 30 days prior to applying. If compounding and pharmacy is remodeling its facility, pharmacy must be compounding in new facility for at least 30 days after remodel is complete. Once NABP has received a VPP application, an unannounced inspection of the pharmacy may occur at any time. Additional information regarding the VPP uniform inspection is available in the VPP FAQ section on the NABP website.
  - If sterile compounding, you are also required to have primary and secondary engineering controls certification reports and viable air and surface testing reports **within the last six months** and will need to provide these reports when completing the application. Please obtain these reports prior to applying for VPP.

Internet Browsers: If you do not use the browsers and versions as outlined below you may experience difficulties with the application. You will also need to enable pop-ups on your browser. If you are experiencing difficulties, please contact VPP@nabp.pharmacy.
- Internet Explorer 11 and above
- Chrome
- Firefox 31 and above

- The email you provide on the account creation page will be your username.
- If you forget your username or password, please email VPP@nabp.pharmacy.
- Prior to final submission users may log out and log back in to complete the application; however, any incomplete applications that have not been submitted will be deleted from your account after 60 days.
- You will be unable to make additions or corrections to an application once it has been submitted to NABP.
- If during the application evaluation process any information submitted on the VPP application changes, NABP must be notified in writing within 48 hours. Submit changes via email to VPP@nabp.pharmacy.
- Upon receipt of an application, NABP will review for completeness. This process may take approximately 1-2 weeks. Once an application is reviewed and determined complete, you may anticipate having an unannounced inspection at any point in time within approximately eight weeks. (Note: This time frame for inspection is an estimate and is subject to change pending inclement weather, a significant number of pharmacy black-out dates, or other unforeseen circumstances.) NABP is required to notify the resident state board of pharmacy that an inspection will be taking place in the state. The state board of pharmacy may choose to join the...
unannounced VPP inspection to observe. Upon completion of an inspection, an applicant may expect to receive the final completed inspection report electronically within 30 calendar days; however, on average, this time frame is less. The time may vary depending on the state of original licensure, whether discipline has ever been imposed on a license(s), and the number of different nonresident pharmacy licenses an applicant currently holds.

If you have any additional questions about completing the VPP application, please email VPP@nabp.pharmacy.

Create Account Page

The VPP application requires the applicant to create a user account. Note: This is different than an individual e-Profile ID. It is strongly recommended that the person completing the application is the individual who will serve as the pharmacy’s primary contact person during the application and inspection process. This person may use his or her login to complete multiple applications for a particular company. Should the pharmacy wish to change the person charged with submitting the applications, please contact NABP directly via email at VPP@nabp.pharmacy.

Note: The username for this account will be the email address provided when creating the account.

Manage Applications

The Manage Applications page is where you can create new applications and edit applications that have not yet been submitted.

- The pre-qualification question must be answered before you can create a new VPP application.
- Your pharmacy must be operational for at least 30 days in order to apply to VPP.
- You will be asked to name each application you create. Once you have named an application, you may begin entering information by clicking the “Edit” button next to the new application.
- You will have 60 days to complete and submit your application. If you do not submit your application within 60 days it will be automatically deleted from the system. A countdown of how many days remain will display for each application.

Statements of Agreement

The individual filling out the application must be authorized to agree to the statements provided on this page.

Legal Business Name Information

- Legal Business Name (LBN) is the name under which the company files its tax returns with the Internal Revenue Service (IRS) or the name included on the business’s articles of incorporation.
- Address is the location where the LBN is registered with the IRS. The address may or may not be the same address as the physical address of the pharmacy.
- Email Address is the main contact email for the LBN.
- More detail regarding individual owners and other companies owning a percentage of the pharmacy as well as information on licenses will be asked in subsequent sections.

Ownership Information

Ensure all associated pharmacists-in-charge have an NABP e-Profile ID: To apply for VPP, the pharmacist-in-charge (PIC) associated with each pharmacy license must have an NABP e-Profile ID. Most pharmacists should already have an e-Profile if they have obtained credit for any Accreditation Council for Pharmacy Education (ACPE) continuing education activity within the last two years.
If the PIC does not have an e-Profile ID, he or she can create an e-Profile and obtain an e-Profile ID by clicking on the link below. **Note: e-Profiles do not need to be created for a pharmacy. NABP will automatically generate an e-Profile ID for the pharmacy after the application is received.**

Provide information on any individuals, partnerships, limited liability companies (LLCs), and/or corporate owners who directly own greater than 10% equity in the ownership or controlling interest of the organization and/or greater than 10% interest in the organization. For each owner, please identify if it is an individual or a company. You can add additional individuals or companies one at a time by selecting Save and entering a new owner. Each entry will appear in a table on the application page.

Information collected for major owners includes: Name, Address, and Percent Owned. If the owner is an individual, you will also be asked to provide the NABP e-Profile ID (if a pharmacist) and any relationships between owners.

**Pharmacy Information**

- **Doing Business As (DBA) Name** is the name that the company uses that is different than the LBN. If your pharmacy does not have a DBA, please list the LBN here.
- **Address** is the physical location of the pharmacy. This may or may not be the same as the LBN.
- **Additional DBAs and Formerly Known As (FKA) Names** are other names your company uses or has used in the past. Please list all DBAs and FKAs.
- **Phone Number, Email Address, and Website** are the main number, email, and website of the pharmacy, not of an individual.
  - If there are multiple pharmacy websites, please separate each website with a comma.
- **NCPDP Number** is the seven-digit number issued to the pharmacy by the National Council for Prescription Drug Programs.
- **NPI** is the 10-digit National Provider Identifier issued by the Centers for Medicare and Medicaid Services.
- **Tax ID/FEIN** is the nine-digit federal employer identification number issued by the IRS.
- **Hours of Operation** should refer to the hours that your pharmacy is physically open and available for an on-site inspection. If your pharmacy is compounding, you will be asked to specify the hours later in this application.
  - **Note:** If an inspector arrives to inspect your pharmacy during your listed hours of operation and your pharmacy is closed, or you are not able to perform compounding activities, you will be charged for a second inspection.
- **Other Dates Pharmacy is Closed or Unavailable for an Inspection** are dates your pharmacy will be closed for any other reason within the next 90 days of submitting this application, other than major holidays.
  - Please also include any dates that your pharmacy is not available for an inspection (ie, the pharmacy may be open but not fully operational). **Please note:** NABP reserves the right to extend the standard inspection window beyond 8 weeks should your pharmacy provide dates of unavailability beyond major holidays or have limited operational hours.
  - If your pharmacy is engaged in compounding, please also list any dates that your pharmacy will not be able to compound.

**Pharmacy Activities**

The **Pharmacy Activities** page is where you will identify all the activities and attributes that pertain to your pharmacy. You must check at least one and all that apply. These should include all activities that take place at your pharmacy’s specific location.
Note: It is important that you provide accurate information, as these activity types determine the type(s) of inspection modules your pharmacy will need to have. If an inspector arrives at your pharmacy and needs to add an additional module of inspection, you will likely incur additional charges.

- **Mail Order:** Only select this activity type if your pharmacy runs a large-scale mail order operation which predominantly dispenses through the use of automation.

- **Central Fill:** Please select if any portion of the prescription processing or dispensing occurs at another location.
  
  Note: You will be asked to provide a list of all other locations and pharmacies later in the application.

- **Nuclear Pharmacy/Radiopharmaceutical:** This activity type includes the compounding of radiopharmaceuticals.
  
  Note: You will be asked additional questions relating to your nuclear pharmacy and any non-nuclear activities at the same location later in this application. If you have additional non-nuclear activities at your pharmacy, additional inspection fees will likely apply.

- **Outsourcing Facility:** Please select this activity type if you are registered as an outsourcing pharmacy. You will need to provide your Food and Drug Administration (FDA) registration number.
  
  Note: You will also be asked to provide a copy of your FDA inspection report or 483 later in this application.

- **Specialty:** If selected, please briefly provide additional details regarding your specialty pharmacy activities. You may copy and paste the details in the text box.
  
  Should you require additional space, you may email a brief description to VPP@nabp.pharmacy after you have submitted your application. Be sure to include the full name and address of your pharmacy when emailing this in.
  
  Note: Additional fees may apply depending on the type of specialty pharmacy.

- **Other:** If selected, please briefly provide additional details regarding your other pharmacy activities. You may copy and paste the details in the text box.
  
  Should you require additional space, you may email a brief description to VPP@nabp.pharmacy after you have submitted your application. Be sure to include the full name and address of your pharmacy when emailing this in.
  
  Note: Additional fees may apply depending on the other pharmacy activities.

Note: You will be asked about your pharmacy’s compounding activities on the next page of this application.

**Pharmacy Activities (Compounding Questions)**

This Pharmacy Activities page is where you will identify if your pharmacy compounds and what type of compounding activity you are engaged in. It is important that you provide accurate information, as these activity types determine the type(s) of inspection modules your pharmacy will need to have.

- If an inspector arrives at your pharmacy and needs to add an additional module of inspection, you will likely incur additional charges.

- If your pharmacy compounds any preparations (no matter how large or small the amount or where you are shipping to) you must indicate so.

- Please also specify the total estimated volume and frequency.
  
  Clearly indicate if the frequency is per day, week, or month.

- Hours of the week your pharmacy compounds must be provided if your pharmacy is engaged in compounding.
  
  The inspector will need to observe compounding on site.
Note: If there are any specific dates the pharmacy will not be compounding, please list here.

- When listing the active pharmaceutical ingredient suppliers for the past two years, please separate each supplier with a comma.
- If your pharmacy is sterile compounding and you are in need of an inspection due to the Texas Class E-S license requirement, please indicate so.
  - You will need to choose from the uniform VPP inspection form (recommended if your pharmacy holds or plans to hold licenses in other states) or the Texas-specific inspection form.
  - Both inspections will include the collection of a compounded sample onsite during the unannounced inspection.
  - Note: If you are or plan to seek licensure in Texas and are a sterile compounding pharmacy, it is important that you indicate so in this application. Specific inspectors are needed for the Texas-related inspections and additional travel fees will be charged to the pharmacy should this information not be made available when you apply to VPP.

If your pharmacy is sterile compounding you will need to upload the most recent primary and secondary engineering controls certification report and the most recent viable air and surface testing reports.
  - Note: The certification reports and testing must have occurred within the six months prior to the inspection. If certification and viable air/surface testing has been performed more than six months prior, you will be required to have them performed and submit the reports to NABP prior to the inspection being scheduled.
  - The file size limit is 5 MB and each file must be in the form of a PDF, Word, Excel, or JPEG.
  - Note: If you receive error messages when trying to upload a document, the application may have timed out. Please log out and log back in to continue.

Pharmacy Activities (General, Internet, and Wholesale Distribution Questions)

This Pharmacy Activities section is where you provide additional general information about your pharmacy, Internet activities, and wholesale distribution activities.

- When listing the top five drugs your pharmacy dispenses, include both the drug name and the dosage form. Separate each drug name/dosage form with a comma.
  - If your pharmacy compounds, please also list the top five preparations your pharmacy compounds along with their dosage form.
- When listing your non-manufacturer prescription drug suppliers, please separate each supplier with a comma.
- The schematic diagram of your pharmacy should be uploaded as a PDF, Word, Excel, or JPEG file.
  - If your pharmacy is sterile compounding, all sterile compounding areas and primary engineering control placement must be indicated in the diagram.
  - Note: If you receive error messages when trying to upload a document, the application may have timed out. Please log out and log back in to continue.
  - Note: The file size limit is 5 MB.
- If you are applying to VPP because you were referred by a specific state(s) and/or entity(ies) such as a PBM or third-party payor, please list the state(s) and/or entity(ies).
Pharmacy Activities (Central Fill Question)

If your pharmacy is **processing or dispensing prescriptions at another location**, please list each pharmacy and the location (city and state) in the space provided. Separate each pharmacy with a comma. **Note:** If you are not a central fill pharmacy, you will not see this question.

Pharmacy Activities (Nuclear Question)

If your nuclear pharmacy is also engaged in non-nuclear activities – traditional pharmacy, nonsterile compounding, or sterile compounding – at the same location and under the same licenses (resident or nonresident), an additional inspection module will likely be necessary, as your pharmacy’s full operations will need to be inspected. Additional fees will apply. **Note:** If you are not a nuclear pharmacy, you will not see these questions.

Upload Facility Licenses

Details on all of the pharmacy’s licenses and registrations must be provided on this page. This includes all resident and nonresident pharmacy licenses (active, inactive, closed, and pending); controlled substance licenses; manufacturer/repackager licenses; wholesaler/distributor licenses; and other licenses/registrations. If your pharmacy has any federal registrations such as a DEA registration number or an FDA outsourcing facility registration, please also list it here. You will also need to provide the specific pharmacist-in-charge (PIC) e-Profile ID for any state that requires a designated PIC for a nonresident pharmacy license. A .csv file format must be used. Once on the page, you will be provided a Facility Licenses Upload Template for download as well as Facility Licenses Upload Instructions for using the template.

- Please note that only one file may be uploaded to this page. It is highly recommended you read the Facility Licenses Upload Instructions before submitting your file.

- Information requested in the .csv document includes
  - State of licensure
  - Business name on the license
  - License/Permit Number
  - License/Registration Category (Pharmacy, Controlled Substance, Manufacturer, Repackager, Wholesale Distributor, Mail Order Pharmacy, Sterile Compounding, Veterinary, and Other)
  - License Type (eg, Pharmacy, Mail Order, Nonresident, Sterile, Community, Hospital, etc)
  - Original Issue Date
  - Expiration Date
  - Status
  - Does the State require a designated PIC for license
  - Designated PIC e-Profile ID

- Once the Facility .csv file is completed, the document upload process is a three-step process, as you must:
  1. select the file,
  2. verify the file, and
  3. upload the file

  **Note:** This step must be completed before you can move on to the next page of the application.
Upload Pharmacist(s)-in-Charge Licenses

Ensure all associated pharmacists-in-charge have an NABP e-Profile ID: To apply for VPP, the pharmacist-in-charge (PIC) associated with each pharmacy license must have an NABP e-Profile ID. Most pharmacists should already have an e-Profile if they have obtained credit for any Accreditation Council for Pharmacy Education (ACPE) continuing education activity within the last two years. If the PIC does not have an e-Profile ID, he or she can create an e-Profile and obtain an e-Profile ID by clicking on the link below. Note: e-Profiles do not need to be created for a pharmacy. NABP will automatically generate an e-Profile ID for the pharmacy after the application is received.

- Details on all of the pharmacy’s PICs must be provided on this page. This includes all key personnel for the pharmacy’s resident and nonresident licenses and registrations. You will also need to provide the specific state license the PIC is associated with if applicable. A .csv file format must be used. Once on the page, you will be provided a PIC Upload Template for download as well as Pharmacist-in-Charge Licenses Upload Instructions for using the template.
- Please note that only one file may be uploaded to this page. It is highly recommended you read the Pharmacist-in-Charge Licenses Upload Instructions before submitting your file.
- Information requested in the .csv document includes
  - PIC NABP e-Profile ID,
  - First Name,
  - Last Name,
  - Date of Birth (MM/DD or DD-MON),
  - License Number,
  - License State,
  - Original Issue Date,
  - Expiration Date, and
  - Total Hours Practicing at the Facility.
- Once the Facility .csv file is completed, the document upload process is a three-step process, as you must:
  1. select the file,
  2. verify the file, and
  3. upload the file

  Note: This step must be completed before you can move on to the next page of the application.

Inspection

The Inspection page is where you will provide the most recent date of inspection by your resident state and/or other government agency.

- Please also upload a copy of the most recent complete inspection report.
- Note: To ensure that your documents for this question are saved, click “Add” after each upload before moving on to the next page.
- The file size limit is 5 MB and each file must be in the form of a PDF, Word, Excel, or JPEG file.

- Additionally, you will be asked to provide recent date(s) of inspection from other third parties, nonresident states, or entities.
  - Please also upload a copy of the most recent complete inspection report from each applicable entity.
- **Note:** You will be able to upload more than one report for the question that pertains to inspections from a nonresident board or third party. To ensure that your documents for this question are saved, click “Add” after each upload before moving on to the next page.
- The file size limit is 5 MB and each file must be in the form of a PDF, Word, Excel, or JPEG file.
Accreditation

The Accreditation page is where you will provide all of your pharmacy’s existing, pending, and previous accreditations.

- If you have had any actions taken relating to an accreditation, please also include this information on this page.

Disciplinary/Legal History

You will be asked to provide disciplinary, criminal, and legal history for the pharmacy, as well as related DBAs, FKAs, owners, and PICs.

- For any questions answered Yes, you will need to upload a document with explanatory details.
  - Such documents would include, but are not limited to, government documents outlining the discipline, fines, etc; an explanation in your own words of what happened, how it was corrected, and steps taken to prevent it from happening again; or court documents showing the rulings or outcomes.
  - The file size limit is 5 MB and each file must be in the form of a PDF, Word, Excel, or JPEG file.

  Note: If you receive error messages when trying to upload a document, the application may have timed out. Please log out and log back in to continue.

HIPAA Notice: NABP cannot accept Protected Health Information (PHI) or Personally Identifiable Information (PII). If any PHI or PII is received, your application will be considered incomplete and will result in a delay of review.

Final Application Review

At the end of the application, before you submit payment, you will need to carefully review your application responses to ensure you have provided accurate information. To make any edits to your application, click the Back button at the bottom of the page, or click the link to go to the beginning of the application. It is important that all information provided is accurate, as this determines your total fee and the type of inspection your pharmacy will have. Any inaccuracies may cause a delay in processing your application.

Attestation and Agreement

At the end of the application, before you submit payment, you will need to read and agree to the Attestation and Agreement. You must be authorized to agree to the Attestation and Agreement on behalf of the Organization.

Payment

The Payment page will display the total application fee. The application fee is based on the types of activities and attributes that apply to your pharmacy. See the VPP Fees section of the NABP website for more details.

- Payments must be made by credit card.
- Once you hit the Pay & Submit button, your application will be submitted and you will see a confirmation page listing the total fees paid. You may print this page for your records.
- You will also receive an email confirming the submission of your application.
Incomplete Applications

Applications that are not submitted within 60 days will be deleted. All information saved on the application will be deleted. A new application will be needed if it is deleted, as NABP is unable to restore the deleted application.

Applicants that submit an application but do not include all information applicable to the Organization seeking VPP will be contacted by NABP with a request to submit the information within 15 days. If the missing information is not completed within this time frame, the application will be denied and the application fees will not be refunded. Please see the Refund Policy for more information.

Upon review of your VPP application and processing, you will be assigned an e-Profile ID, which will be used as an identifier of the pharmacy for the NABP programs and services that you utilize now and in the future. The information needed to create and maintain your e-Profile helps to:

- Accurately identify your pharmacy;
- Ensure that any data that you previously provided to NABP for the pharmacy, such as a name or a license number, is correctly maintained in your pharmacy e-Profile;
- Keep your pharmacy e-Profile updated;
- Minimize multiple requests for the same data; and
- Streamline the licensure or registration process by providing verified data to pharmacy regulators, such as a state board of pharmacy, to assist when making licensure determinations.

Application Checklist

Before you begin the VPP application, please be sure you have the following information and supplemental documentation.

1. List of all licenses associated to the pharmacy including those held by the business entity under which the pharmacy license is held as well as any licenses issued to any other entity at the same address as the pharmacy. This may include, but is not limited to, resident and nonresident pharmacy license, manufacturer, wholesaler, state and federal controlled substances, etc. (See Facility Licenses Upload Instructions)
2. List of all PIC licenses associated with the pharmacy (resident and nonresident) (See Pharmacist-in-Charge Upload Instructions)
3. Ownership Information (including major owners who directly own greater than 10% equity in the ownership or controlling interest of the organization and/or greater than 10% interest in the organization)
4. If any owners are pharmacists, be sure to have e-Profile IDs available.
5. Top five drugs the pharmacy dispenses including dosage forms. If compounding, the top five compounded preparations and dosage forms must also be listed
6. Non-manufacturer prescription drug suppliers for the past two years
7. If compounding, active pharmaceutical ingredient suppliers for the past two years
8. Schematic diagram of the pharmacy. If sterile compounding, must also indicate all sterile compounding areas and primary engineering control placement
9. If sterile compounding, most recent reports for the following (must be within the last six months in order to be inspected):
   a. Primary engineering controls certification report
   b. Secondary engineering controls certification report
c. Viable air testing report
d. Viable surface testing report

10. Copies of the most recent inspection reports for the pharmacy

11. Documents relating to any disciplinary, criminal, and legal history (pharmacy and PICs), including, but not limited to, government documents outlining the discipline, fines, etc; an explanation in your own words of what happened, how it was corrected, and steps taken to prevent it from happening again; or court documents showing the rulings or outcomes.