



Username

Password

Login

Create Account

Log in to your account
or select Create
Account to begin the
application process.

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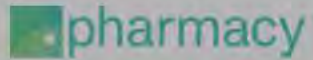
Manage Applications

From this page, create new applications and edit applications that have not yet been submitted. Applications not submitted within 60 calendar days will be automatically cancelled.

Create New Application

Select Create New Application or Edit if you have previously started an application.

App No	Application Name	Status	Action
2263	Pharmacy test	Application started on 3/31/2017. Expires in 60 days.	Edit
2164	test1	Application started on 2/28/2017. Expires in 29 days.	Edit
2162	Drug Info	Application started on 2/28/2017. Expires in 29 days.	Edit
2112	Pharmacy	Application started on 2/7/2017. Expires in 8 days.	Edit
2111	Med Prof	Application started on 2/7/2017. Expires in 8 days.	Edit



Manage Applications

From this page, create new applications and edit applications that have not yet been submitted. You may also track how many days remain before your application expires. Applications not submitted within 60 calendar days will be automatically deleted from your account.

Create New Application

App No	Application Name	Status
2263	Pharmacy test	Application
2164	test1	Application
2162	Drug Info	Application
2112	Pharmacy	Application
2111	Med Prof	Application
1970	Pharmacy	Application
1885	Drug Info	Application started on 10/25/2016. Application expired on 12/24/2016.
1869	Test	Application started on 10/19/2016. Application expired on 12/18/2016.
1792	Pharmacy	Application started on 9/22/2016. Application expired on 11/24/2016.
1755	asdf	Application started on 9/6/2016.

Application Name:
(Name the application to help you identify it later.)

Select the type of business conducted on this website.

- ☐ Pharmacy
- ☐ Pharmacy Benefit Management Company
- ☐ School Or College Of Pharmacy
- ☐ Continuing Pharmacy Education Provider
- ☐ Wholesale Drug Distributor
- ☐ Pharmaceutical Manufacturer
- ☐ Advocacy or Consumer Education Group
- ☐ Drug Information or Pharmacy Referral Site
- ☐ Medical Professionals Sites
- ☐ Pharmacy Association
- ☐ Pharmacy Automation Distributor

Save

Cancel

Name your application and select the application that pertains to the business conducted on your website. Select Save.



Check Domain Name Availability

To ensure the availability of your requested .pharmacy domain name(s), please enter the .pharmacy domain name(s) for which you are seeking approval. Note: .pharmacy domain names are only removed from the available pool once a token has been issued. Therefore, a .pharmacy domain name will show as available even if another applicant has requested that domain name, as long as their application has not yet been approved and a token issued. If any of your requested domains become unavailable after you have submitted your application you will be notified as soon as possible.

www. .pharmacy

Domain	Status
test1	Available

Requested Domain Name: pharmacy

Available - Premium Name. Check approved registrar site for pricing.

Check NABP [Participating Registrars](#) Site for Pricing

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[Privacy Policy](#) [Terms of Use](#) [WHOIS](#)

Enter your desired domain name and select Check Availability. If the domain is available, select Add on the pop-up screen. You can request as many domains as you like.

Select Next.

Please remember that your requested domain does not need to be identical to your current .com or .net website.

****Standard domain names cost approximately \$1,050. Premium domains range from \$2,500 to \$25,000. Prices can be verified with one of our participating registrars.**

Statements of Agreement

- I agree that applications for identical .pharmacy website names will be evaluated on a first-come first-serve basis and that I will have an opportunity to check if my selected name has an application in process or has been approved.
- I agree that for my application to be considered by NABP, I must provide the URL(s) of currently active or staged websites (individually and collectively, Site) that display the same content (Content) that will be displayed on the .pharmacy site, following NABP approval of my application.
- I agree that I must provide English language translations of the Site Content if the Site Content is not in English.
- I agree that the English language translations that I provide of the non-English Site Content are substantially the same as the actual non-English Site Content.

I understand that NABP will accept .pharmacy program applications from the categories of applicants listed at [safe.pharmacy](#).

As the individual submitting this application I hold primary responsibility for this application and must provide related information and materials within the specified timeframes.

I understand that all the requested information and documentation must be completed before the application can be submitted.

I understand that once I begin an application I have 60 days to complete and submit the application, otherwise the application will be cancelled and deleted.

I understand that NABP does not provide consultative services for completing the .pharmacy program application.

I understand that the .pharmacy application fee must be paid at the time the application is submitted.

I understand that the .pharmacy registration fee will be paid after the application is approved. Fees will vary depending on the domain name requested.

I understand, and agree to the [Refund Policy](#).

I understand that non-US applicants may experience a delay in the processing of their application, as it is anticipated that individual national standards setting committees will be evaluating non-US applications and those committees may not yet be formed or a process for evaluation may not yet be finalized. Contact p@safe.pharmacy or check the www.safe.pharmacy website for further information.

I understand that in order to register and retain a .pharmacy domain name, the Site must meet the .pharmacy [Program Standards](#) and the .pharmacy [Usage Policy](#), including all applicable regulatory standards in the jurisdictions where applicant is based as well as where applicant serves patients.

I understand that for all individuals residing outside the United States whose name, contact data, or personal information is provided through the .pharmacy program, the applicant must obtain, and each individual has freely given, the legally required specific informed consent for 1) any such information to be transferred to and used by NABP or US or international contractors for purposes of the .pharmacy program or as described in the NABP privacy policy, or 2) NABP to disclose any such information to government or regulatory agencies to verify such information about the individual or the individual's compliance with the Terms and Conditions or applicable laws or regulations or in the event that NABP believes in good faith that the individual is engaging in or engaged in conduct that violates federal, state, provincial, or regional laws or regulations.

I understand that by submitting this application I authorize federal, state, provincial, and local regulatory authorities and licensing or registration agencies in each jurisdiction where I do business to release all information in connection with my business operations, license, registration, or application for licensure or registration, without limitation, applications, and disciplinary and investigatory information.

I understand that the submission of this application for a .pharmacy domain name(s) does not confer approval. I further understand that NABP evaluates the application to determine whether applicant meets .pharmacy [Program Standards](#), and the .pharmacy [Authorized Usage Policy](#).

- I agree that if this .pharmacy program application is approved, the applicant grants NABP a non-exclusive, transferable (except for the logo), royalty-free worldwide license to publish and use in .pharmacy materials, the applicant's name, logo, address, website address, and its date of approval of the .pharmacy domain application.
- I agree that neither NABP nor the individual or organization that is applying for one or more .pharmacy domains (Applicant) shall be liable to the other or any third party for any indirect, incidental, or consequential damage or damages from lost profits or lost use. The maximum aggregate liability of NABP for all claims arising out of or relating to this application, regardless of the form or cause of the actions, shall be total fees and expenses paid by the Applicant for the services under the Program.

I have read and agree to the [Terms and Conditions](#).

☒ * By clicking the box, I affirm that I am an authorized representative of the Applicant, and I have read, agree to, and hereby bind the Applicant to all of the terms of these statements, the [Terms and Conditions](#), and the requirements of the .pharmacy program.

[Back](#)[Next](#)

Read through the
Statements of
Agreement and
check the box.
Select Next.



URLs of Websites to Be Evaluated

Content that will appear on the requested .pharmacy domains must be evaluated by NABP. For each requested domain, provide the URL of live or staged website where content can be evaluated.

If the pharmacy(ies) dispensing through the websites listed below ship prescription medications internationally, list shipping.

.Pharmacy

URL of Website to Be Evaluated

Countries to which Web
Ships Prescription Med
Countries

test1

www.safepharmacy.com

United States

Afghanistan

Åland Islands

Albania

Save

Back

Next

Enter the URL(s) of the website(s) to be evaluated. Select the country(ies) where your website ships prescription medications. Select Save. Select Next.

Please note that you can enter several domains to be reviewed. Each site review costs \$975.

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Company Information

Please provide information for all companies that own the

es listed on the previous page.

Add Company

Select Add Company
to add your company
information.

Company Name

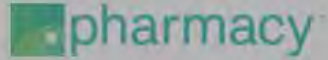
URLs Owned

URLs Company Fulfilling
Orders For

Action

Back

Next



Company Information

Please provide information for all companies that own the websites listed on

Add Company

Company Name	URLs Owned	URLs Owned
Safe Pharmacy	www.safepharmacy.com	

Back

Next

Company Name* Safe Pharmacy

Country* United States

Address Line 1* 123 Main Street

Address Line 2 Suite 4

City* Chicago

State/Territory/Region/Province* IL

Zip or Postal Code* 60606

Phone* 1231231234

Phone Number Country* United States

Email Address* test@safepharmacy.com

Formerly Known As (FKA) -List all names under which this company has formerly done business
Safe Main Pharmacy x

Do you own any of the URLs being evaluated in this application?* ☒ Yes ☐ No

Please select the URLs owned.*
www.safepharmacy.com x

Click in the box to select a URL. If you want to select multiple URLs, click in the box for each URL you want to add and the selection list will display again.

Do you fulfill orders for any of the URLs being evaluated in this application?* ☐ Yes ☒ No

Save Cancel

Enter your company information. Add all DBAs and FKAs and answer all questions. Select Save.



Company Information

Please provide information for all companies that own the websites listed on the previous page.

Add Company

Company Name	URLs Owned	URLs Company Fulfilling Orders For	Action	
Safe Pharmacy	www.safepharmacy.com	www.safepharmacy.com	Edit	Delete
Second Pharmacy		www.safepharmacy.com	Edit	Delete

Back

Next

Repeat these steps if you have subsidiary companies that either own or fulfill orders for the websites to be reviewed by adding the company information. Once all company information is added, select Next.

[Help](#) [Logout](#)



Upload Facility Information

Using the Facility Upload Template, provide details on the dispensing facilities and pharmacists-in-charge/pharmacist manager/head pharmacist that are fulfilling orders for the websites being evaluated. Instructions for filling out the Facility Upload Template have been provided for your convenience.

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

Select File

[Facility Upload Instructions.pdf](#)

[Facility Upload Template.csv](#)

Click the links to: (1) read through the Facility Upload Instructions, (2) download the Facility Upload Template.csv file.

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	A	B	C	D	E	F
1	Company_Name	Pharmacy_Name	Pharmacy_NABP_eProfile_ID_US_only	Pharmacy_Address	Pharmacy_City	Pharmacy_State_Territory_Region_Province
2	Safe Pharmacy	Main Pharmacy	32156498	123 Main Street	Anywhere	IL
3	Second Pharmacy	Second Pharmacy	3829283	321 Second Street	Chicago	IL
4						
5						
6						
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36						

Enter your pharmacy details (names, licenses, pharmacist-in-charge (PIC) information, etc) into the downloaded .csv file. Be aware that the Company_Name column name(s) should match the Company Name(s) that were input to the Company Information section of the application (see right).

All pharmacy licenses are required (non-residence, controlled substance, Drug Enforcement Administration, etc). e-Profile numbers for PICs are also required. **Any missing information will delay the application review process.**

Committed to Safe



Company Information

Please provide information for all companies that own the websites listed on the previous page

[Add Company](#)

Company Name	URLs Owned	URLs Company Fulfills Orders For
Safe Pharmacy	www.safepharmacy.com	www.safepharmacy.com
Second Pharmacy		www.safepharmacy.com

Upload Facility Information

Using the Facility Upload Template, provide details on the dispensing facilities at that are fulfilling orders for the websites being evaluated. Instructions for filling out the template are available for your convenience.

Please note that only one file may be uploaded to this page. It is highly recommended that you use the Facility Upload Template.csv file.

No rows have been detected in the uploaded file.

Select File

[Facility Upload Template \(1\).csv](#)

Verify File

[Facility Upload Instructions.pdf](#)

[Facility Upload Template.csv](#)

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Next

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After entering all information in the .csv file, save it to your computer and select your .csv file for upload. Select Verify File. You will receive an error message if information is missing from the file.



Upload Facility Information

Using the Facility Upload Template, provide details on the dispensing facilities and pharmacists-in-charge/p that are fulfilling orders for the websites being evaluated. Instructions for filling out the Facility Upload Template convenience.

Please note that only one file may be uploaded to this page. It is highly recommended you read the Facility your file.

File verified and ready to be uploaded. Please click upload to submit the file.

Select File

[Facility Upload Template \(2\).csv](#)

Upload File

[Facility Upload Instructions.pdf](#)
[Facility Upload Template.csv](#)

Once all required cells are verified as completed, select Upload File. Once uploaded, select Next.

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Parent Company Information

You have provided multiple companies in your application. Please identify the parent company of these organizations. Even if you have previously added the parent as a company earlier in the application, you will still need to reenter the information here. Upon selecting the Next button below, this information will be saved and can only be edited by returning to the Company Information page.

Select a previous Company *

Safe Pharmacy

Company Name

Safe Pharmacy

Country

United States

Address Line 1

123 Main Street

Address Line 2

Suite 4

City

Chicago

State/Territory/Region/Province

IL

Zip or Postal Code

60606

Email Address

test@safepharmacy.com

Phone

1231231234

If you entered more than one company into the Company Information section of the application, you will need to select the parent company. Select the company from the drop-down menu and select Next.

*This page will not appear if you only input one company into the Company Information section of the application.



Company Disciplinary/Legal History

Please answer the questions below regarding the company's disciplinary and legal history.

Please upload relevant documentation if you answer yes for any question.

Has the company, and/or any owner, within the last five years, entered a settlement or plea agreement relating to drugs or devices with a court, administrative tribunal, or regulatory agency? This includes all companies that may have been operated or are operating under different or alternative names and all businesses of any owner that may have been operated or are operating under different or alternative names. If yes, provide details.

Yes ☒ No ☐

Select File

Has the company, and/or any owner, within the last five years, been convicted, enjoined, disciplined, sanctioned, fined, punished, or the subject of a judgment or final decree of action by a court, administrative tribunal, or regulatory agency for violation of national or local laws or regulations relating to drugs or devices? This includes all companies that may have been operated or are operating under different or alternative names and all businesses of any owner that may have been operated or are operating under different or alternative names. If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

Has the company, and/or any owner, within the last five years, been denied a permit/license to operate a pharmacy in any jurisdiction? This includes all companies that may have been operated or are operating under different or alternative names and all businesses of any owner that may have been operated or are operating under different or alternative names. If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

Has the company, and/or any owner, within the last five years, been denied a permit/license to obtain or dispense controlled substances/controlled drugs/narcotics/drugs of abuse in any jurisdiction? This includes all companies that may have been operated or are operating under different or alternative names and all businesses of any owner that may have been operated or are operating under different or alternative names. If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

Is the company, and/or any owner, currently under investigation by any board of pharmacy or governmental authority that oversees drug or device laws or regulations? This includes all companies that may have been operated or are operating under different or alternative names and all businesses of any owner that may have been operated or are operating under different or alternative names. If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

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Next

Read through the Company Disciplinary/Legal History questions. Upload any relevant documentation to any questions answered Yes.



Pharmacist Disciplinary/Legal History

Please answer the questions below regarding pharmacists' disciplinary and legal history.
Please upload relevant documentation if you answer yes for any question.

Has the pharmacist-in-charge/pharmacist manager/head pharmacist, managing director, professional director, pharmacist owner, within the last five years, entered a settlement or plea agreement related to drugs or devices with a court, administrative tribunal, or regulatory agency? If yes, provide details.

Yes ☒ No ☐

Select File

Has the pharmacist-in-charge/pharmacist manager/head pharmacist, managing director, professional director, pharmacist owner, within the last five years, been convicted, enjoined, disciplined, sanctioned, fined, punished, or the subject of a judgment or final decree of action by a court, administrative tribunal, or regulatory agency for violation of national or local laws or regulations relating to drugs or devices? If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

Has the pharmacist-in-charge/pharmacist manager/head pharmacist, managing director, professional director, pharmacist owner, within the last five years, been denied a permit/license to practice pharmacy in any jurisdiction? If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

Has the pharmacist-in-charge/pharmacist manager/head pharmacist, managing director, professional director, pharmacist owner, within the last five years, been denied a permit/license to obtain or dispense controlled substances/controlled drugs/narcotics/drugs of abuse in any jurisdiction? If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

Is the pharmacist-in-charge/pharmacist manager/head pharmacist, managing director, professional director, pharmacist owner currently under investigation by any board of pharmacy or governmental authority that oversees drug or device laws or regulations? If yes, provide details, including any notice of appeal and final written order of disposition.

Yes ☐ No ☒

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Next

Read through the Pharmacist Disciplinary/Legal History questions. Upload any relevant documentation to any questions answered Yes.



Affiliated Websites

Please provide a complete list of known pharmacy and prescription drug-related domain names owned by or registered to the company.

Company Name	Other Domain Names Owned or Registered By Company
Safe Pharmacy	<input type="text" value="safepharmacy.com"/> × <input type="text" value="testpharmacy.net"/> ×

Enter any domains owned by or registered to your company, as well as any websites the applicant site links to or redirects to.

Please provide a complete list of pharmacy and prescription drug-related websites to which applicant website links or redirects users.

Applicant Website	Applicant's Website Links To or Is Redirected To
www.safepharmacy.com	<input type="text" value="nabp.pharmacy"/> × <input type="text" value="safemedsonline.org"/> × <input type="text" value="xtherisk.pharmacy"/> ×

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Final Application Review

Websites To Be Evaluated And .Pharmacy Domains Requested

Website to Be Evaluated: www.safepharmacy.com
Ship To: United States
.Pharmacy Domain Names Requested: test1

Company Information

Company - 1
Safe Pharmacy, 123 Main Street, Suite B, Anywhere, IL, 54321, United States, 1231231234, test@pharmacy.com
URLs Owned: www.safepharmacy.com
URLs Company Fulfilling for: www.safepharmacy.com

Upload Facility Information

[Facility Upload Template \(2\).csv](#)

Company Disciplinary/Legal History

You answered No to all the questions about your company's disciplinary and legal history.

Pharmacist Disciplinary/Legal History

You answered No to all the questions about your pharmacist's disciplinary and legal history.

Affiliated Website

URLs Owned or Registered to Company:
Safe Pharmacy - safepharmacy.com, testpharmacy.net
Applicant's Website Links or Redirects to:
www.safepharmacy.com - nabp.pharmacy, safemedsonline.org, xtherisk.pharmacy

To edit the information in your application, click [here](#) to return to the beginning of the application, or use the Back button below to get to the previous page.

[Back](#)[Next](#)

Review all information to ensure it is complete and accurate. If all information is correct, select Next.



Testament

By submitting this application, I hereby represent that

1. I am a duly authorized representative or agent of the individual or organization that is applying for one or more .pharmacy domains (Applicant);
2. I have the authority to act on behalf of the Applicant;
3. I have the authority to bind and do hereby bind the Applicant to the [Terms and Conditions](#) and all statements in the Testament;

I declare and the knowledge of the Applicant, the information contained in the application is true and accurate;

If any name, contact data, or personal information (Individual Information) is provided through the .pharmacy program, I have obtained, and have given, the legally required specific informed consent for Individual Information to be transferred to or used and retained by 1) NABP or its authorized contractors (Contractors) for any purposes of the .pharmacy program or as described in the NABP [Privacy Policy](#), or 2) NABP or its authorized contractors to ensure to government or regulatory agencies to verify such information about the individual or the individual's compliance with the Terms and Conditions of the .pharmacy program or applicable laws or regulations or in the event that NABP believes in good faith that the individual is engaging in or engaged in conduct that violates applicable state, provincial, or regional laws or regulations;

I am operating and will operate in compliance with the .pharmacy Registrant Eligibility [Program Standards](#), and the .pharmacy [Authorized](#) Registrant Standards to all applicable state, territorial, regional, provincial, and federal and national laws and regulations; and

The Applicant and its principals do not own and are not affiliated with any domains or websites that are out of compliance with NABP .pharmacy program

standards and that the website does not link to or promote any drug or health-related websites or entities that are out of compliance with these standards.

I will cause the Applicant to notify NABP, within 15 days, of any change to the information provided in this application.

On behalf of the Applicant, I have read and agree to the [Terms and Conditions](#).

☒ * On behalf of the Applicant, I have read and agree to the terms and statements in the Testament.

[Back](#)[Next](#)

Review the
Testament and
check the box.
Select Next.



Referral Code

If you were referred to NABP by an acquiring bank, payment processing company, marketing firm, website developer, or any other organization that provided you with a unique code specific to this referral, please answer "Yes" to this question and enter the code below. By submitting the referral code with the application, Applicant agrees that NABP may contact the referring institution that provided your organization with the code and share information on the submission of this application.

If you do not have a code, please answer "No" to this question and complete the application. The code is not necessary to submit the application.

Do you have a unique referral code?

☒ Yes ☐ No

Apply

Select Yes if you have a referral code, enter it in the box, and select Apply. A message will appear if the code is valid. Select Next.

If you don't have a referral code, select No and then Next to go to the Payment page.

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Payment

Once you click on the Pay & Submit button below, your application will be submitted and your credit card will be charged. Fees are quoted in US dollars. You will receive confirmation of your application submission via email. If your fee totals \$20,000 or more, you will need to contact NABP via email at custserv@sale.pharmacy to process your payment.

Total Fee to Be Charged to Credit Card: \$975.00

Payment

Once you click on the Pay & Submit button below, your application will be submitted and your credit card will be charged. Fees are quoted in US dollars. You will receive confirmation of your application submission via email. If your fee totals \$20,000 or more, you will need to contact NABP via email at custserv@sale.pharmacy to process your payment.

Total Fee to Be Charged to Credit Card: \$975.00

Fee Breakdown: 1 URL Review(s) x \$975 per review

Billing Information

Credit Card Type*	--Select One--
Credit Card Number*	<input type="text"/>
Expiration Month*	--Select One--
Expiration Year*	--Select One--
CVV*	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Country*	--Select Country--
Address Line 1*	<input type="text"/>
Address Line 2	<input type="text"/>
City*	<input type="text"/>
State/Territory/Region/Province*	<input type="text"/>
Zip or Postal Code*	<input type="text"/>

[Back](#)[Pay & Submit](#)

Enter billing
information and select
Pay & Submit.

Be aware that the cost
of each website
review is \$975.

Please contact us if you have any questions regarding the application process at info@safe.pharmacy. Be sure to send us a screenshot of any error messages and any files you are trying to upload.

Thank you for your support of the .Pharmacy Verified Websites Program!

