

Facility License Upload Instructions

The applicant shall provide a complete list of all facility licenses, registrations, and/or permits relating to the applicant facility. The list of licenses shall be submitted in the .csv template provided.

The .csv file should not include any licenses already listed in your Facility Licenses grid in your Facility e-Profile Dashboard.

*Please note that all licenses held (active, inactive, closed, pending) by the business entity under which the facility license is held and all licenses (active, inactive, closed, pending) issued to **any other entity** at the **same address** as the facility must be included in the list.*

Examples of types of licenses/registrations to be included:

- All facility licenses (active, inactive, closed, pending)
 - Resident Pharmacy
 - Nonresident Pharmacy
 - Controlled Substance (federal and state)
 - Mail Order
 - Manufacturer
 - Repackager
 - Wholesale Distributor
- Any federal registrations (examples below):
 - Drug Enforcement Administration (DEA) registration number
 - Food and Drug Administration (FDA) outsourcing facility registration
 - Other federal registrations

Information to be included:

- State of Licensure
- Business Name on License
- License Number
- License Type
- Original Issue Date
- Expiration Date
- License Status
- If a state requires a designated pharmacist-in-charge (PIC)
 - **Include** the Resident State PIC
- e-Profile ID for the designated PIC on the license

Note: Specific details about the PIC(s), such as a license number, will be collected in the next section of the application on a separate .csv template.

Steps to Complete and Upload .csv Facility File

1. **Download the Facility Upload Template (Facility .csv file)** by clicking on the link in the application called “Facility_Licenses_Upload_Template.csv” and saving it to your computer.
 - a. You may rename the file or leave it as “Facility_Licenses_Upload_Template.csv.”
 - b. You may not rename the file extension. **It must remain .csv.**
 - c. You may need to expand the cells in order to view all of the text (see “How to Expand Cells” below).

How to Expand Cells:

The image contains two screenshots of Microsoft Excel. The first screenshot shows a spreadsheet with the following text in row 1: "State Business_License_N License_C License_T License_C License_E License_S Does_the Designated_Pharmacist_NABP_e-profile_ID". A red arrow points to the top-left corner of cell A1, and a callout box says "Step 1: Click here to select all." The second screenshot shows the same spreadsheet, but the cells in row 1 are now expanded to fit the text. A red arrow points to the line between columns A and B, and a callout box says "Step 2: Place cursor on line between A and B and double click."

- d. Please **do not change** any of the text in Row 1. Begin entering license information in Row 2.
- e. Please **do not change** any of the formatting in the spreadsheet as this may cause an error to occur while uploading the file.

2. Complete the Facility .csv file (see examples below)

Be sure to follow the **format requirements** for each field noted below for the .csv file or you will receive an error message when you select "Verify & Submit."

Example 1:

	A	B	C	D
1	State	Business_Name_on_License	License_Number	
2	AL	Some Pharmacy USA LLC	ABC12345.00	
3	CA	Some Pharmacy DBA	Pending	
4	Federal	Some Pharmacy USA LLC	123456789	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

For "State" use the two letter abbreviation or "Federal" for FDA/DEA registrations.

Begin typing in Row 2. Do not type in Row 1.

Business name should appear exactly as written on that state/federal license.

If any leading 0's disappear please leave as is and notify NABP via email at vpp@nabp.pharmacy.

- The **State** field indicates the state of licensure or registration. It must be either a two-character state abbreviation (eg, AL) or "Federal" for one of the following: FDA or DEA.
- The **Business_Name_on_License** field should be the exact name that is on the license/registration/permit you provide in that row of the .csv file.
- The **License_Number** field can be a combination of letters and numbers depending on the license/registration/permit number naming convention.

If the license leads with the number 0, please use the "Add Facility License" button on the customer application to add the license independently from the facility licenses .csv file.

- The **License_Type** field can only accept certain values. Please refer to the following page for a list of acceptable License Types.

Refer to the following list for the allowed **License_Type** values. You must enter the **License_Type** text in the .csv file the exact way it is formatted here. Please do not copy and paste into the .csv file as it could cause errors with text formatting:

License Category: Pharmacy

License_Type:

- Hospital Pharmacy
- Institutional Pharmacy
- Mail Order Pharmacy
- Non-Resident Pharmacy
- Non-Resident Sterile Compounding
- Nuclear Pharmacy
- Outsourcing Facility
- Over the Counter Drug Permit
- Pain Management Clinic
- Pharmacy
- Specialized Prescription Drug Outlet
- Sterile Compounding

License Category: Federal

License_Type:

- DEA (Facility)
- FDA

License Category: Controlled Substance

License_Type:

- Business Controlled Substance
- Business Controlled Substance
- Controlled Substance - Drug Distributor
- Controlled Substance - Manufacturer
- Controlled Substance - Outsourcing Facility
- Controlled Substance - Pharmacy
- Controlled Substance - Wholesaler
- Dispensing Controlled Substance
- Drug Other Controlled Substance
- Limited Controlled Substance

License Category: Wholesale

License_Type:

- Business License
- Complimentary Drug Distributor
- Drug Distributing Agent
- Drug Sample Distributor
- Limited Chemical Wholesale Pharmacy
- Manufacturer/Wholesale/Distributor
- Medical Gas
- Medical Gas Distributor
- Medical Gas Supplier
- Precursor Chemical Suppliers
- Prescription Drug Distributor
- Reverse Distributor
- Wholesale Distributor
- Wholesaler/Manufacturer

License Category: Other

License_Type:

- 3rd Party Logistics
- Automated Pharmacy Dispensing Unit
- Compounder
- Distributor
- Drug Company
- Durable Medical Equipment (DME)
- Home Medical Equipment (HME)
- Manufacturer
- Miscellaneous Permit (Controlled Substance)
- Non-Dispensing Drug Outlet
- Nonresident Outsourcing Facility
- Other Outlet
- Pharmacy Automated Dispensing Unit
- Remote Dispensing Pharmacy
- Repackager
- Veterinary
- Veterinary Drug Outlet

Example 2:

D	E	F	G
License_Type	License_Original_Issue_Date	License_Expiration_Date	License_Status
Controlled Substance - Pharmacy	1/1/2011	1/1/2020	Active/Good Standing
Non-Resident Pharmacy	6/1/2016	6/1/2018	Expired
DEA (Facility)			Pending/Applicant
Pharmacy	11/1/2018	11/1/2021	Active/Good Standing

Three red arrows point from callout boxes to the License_Type, License_Original_Issue_Date, License_Expiration_Date, and License_Status columns. The callout boxes contain the following text:

- License_Type is restricted to the list of license types in this document. Any other values will cause an error.**
- Must be in the format MM/DD/YYYY (single digit months will not show the leading 0). If the license is "Pending/Applicant" leave the date blank.**
- License_Status is restricted to the list of license statuses in this document. Any other values will cause an error.**

- e. **License_Original_Issue_Date** is the original date your facility obtained this license/permit/registration.
- Format should be MM/DD/YYYY
- f. **License_Expiration_Date** is the date of expiration for this license/permit/registration.
- Format should be MM/DD/YYYY
- g. **License_Status** is the current status of this license/permit/registration and must be one of the following for each license:
- Active/Good Standing
 - Expired
 - Inactive
 - Canceled
 - Probation
 - Pending/Applicant
 - Revoked
 - Restricted
 - Suspended
 - Surrendered

Note: If a license status is pending, you may leave the fields blank for items C, F, and G in the corresponding rows.

Example 3:

H	I	J
Is_There_An_Individual_Associated_With_This_License	Individual_EprofileID	Total_Hours_Individual_Practices_at_the_Licensed_Facility_per_Week
Yes	437601	40
No		
No		
Yes	437601	45

This is a restricted field. Only Yes or No is allowed. Cannot be blank.

If you answered Yes to the previous question, then you will need to provide the individual's e-Profile ID and weekly hours. Otherwise, leave blank.

- h. **Is_There_An_Individual_Associated_With_This_License** requires a “Yes” or “No” response. This is where you indicate if you have a **designated PIC** for the specific license (eg, a Virginia-licensed PIC designated for the Virginia nonresident pharmacy license). You must choose one of the following:

Note: You must include a PIC for your resident pharmacy license.

- i. **Individual_e-Profile_ID** requires the e-Profile ID number issued by the National Association of Boards of Pharmacy® (NABP®) for the designated PIC.
- If you answered “Yes” to the previous question, then you need to provide the PIC’s e-Profile ID in this field. If you answered “No”, then leave this field blank.
 - If the PIC does not have an e-Profile ID, he or she can obtain one by registering at www.nabp.pharmacy/e-Profile.
- j. **Total_Hours_Individual_Practices_at_the_Licensed_Facility_per_Week** requires the number of weekly hours the individual from the previous questions practices at the facility.
- If you answered No to the previous question **Is_There_An_Individual_Associated_With_This_License**, then leave this cell blank.

3. **Save the .csv file** to your computer so that you can verify and upload the file to your online application in the next steps.
4. **Select the completed Facility .csv file from your computer** by clicking the “Import CSV” button.
 - a. You may only upload the Facility .csv template file as no other files are supported.
 - b. You will receive an error message if you attempt to upload anything other than the Facility .csv template file.
5. **Verify and Upload the completed Facility .csv file** by selecting the “Verify & Submit” button.
 - a. If the file properly references the noted field information (see instructions above), it will be imported to the Facility Licenses grid.
 - b. If the file does not include the field information (see instructions above), you will receive an error message.
6. **Review the license information** in the Facility Licenses grid.
 - a. You may edit individual license information by selecting the checkmark box of the license, and then clicking the “Edit” button.
 - b. To continue with the application, click “Next.”

Additional Instructions

- You may upload more than one .csv Facility file. However, please make sure the licenses do not already exist in your Facility Licenses grid. If you upload a new list with licenses that already exist in the license grid, you may duplicate the existing license information.
 - If you do accidentally duplicate it, you can delete the entry by selecting the checkbox of the license and clicking “Delete” in the customer application.