Application Instructions *for the* Digital Pharmacy Accreditation

Completing the Online Application

General Guidance Prior to Completing the Application

- The online application is for new digital pharmacy applicants who have at least one .pharmacy domain only.
- Select the "Save" or "Next Page" buttons to save the information in the application. Once the "Save" or "Next Page" button has been pressed, the information entered on that page cannot be changed. If a correction is needed, please contact NABP at cvaccreditation@nabp.pharmacy prior to moving forward in the application.
- Users may log out and resume filling out the application at the point of the last submitted entry.
- Prior to final submission, a verification page for application review will display. Applicants are unable to make changes to this page. However, should any errors be discovered, contact cvaccreditation@nabp.pharmacy and describe the needed change(s). NABP recommends printing this page for your records.
- You will no longer be able to access an application once it has been submitted to NABP.
- If during the accreditation process any information submitted on the digital pharmacy application changes, we must be notified in writing within 48 hours. Submit changes via email to VIPPS@nabp.pharmacy.

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

Application Completion

Create NABP User Account Page

The Digital Pharmacy Accreditation application requires the applicant to create a User Account. 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 accreditation process. This person may use his or her login to complete multiple applications and will be the steward of future applications for that particular company. Should the pharmacy wish to change the person charged with submitting the applications, please contact us directly via email at VIPPS@nabp.pharmacy.

Pharmacy Profile Page

- The **Legal Business Name** is the name that will appear on the Digital Pharmacy Accreditation information page on our website and the Digital Pharmacy Accreditation certificate.

- The **Doing Business As Name** is only required if it is different from the business name. This will also appear on the listing of accredited digital pharmacies that we maintain and the Digital Pharmacy Accreditation certificate that will be awarded to the pharmacy.
- The **primary web domain** must be an active .pharmacy domain, to be used as the primary domain or redirect to the pharmacy website. If multiple websites are to be included in the accreditation, each site must have its own .pharmacy domain. Additional domains may also display the Digital Pharmacy Accreditation Seal upon awarding of accreditation. See the Fees section of the Digital Pharmacy Accreditation page for more information on additional domains and fees that may apply.
- The **Physical Address of the Pharmacy** is the commercial, non-residential, location of the pharmacy applying for accreditation and must be the same address used on the pharmacy's state licenses.

Pharmacy Information Page

The **Contact Person** is responsible for the following:

- Coordinating responses and revisions to policies and procedures (P&Ps) if necessary
- Scheduling on-site surveys
- Coordinating annual renewal and reaccreditation

Only full and part-time employees of the applicant facility can be listed on the application. A contract or consultant employee cannot serve as the contact person. While not required, we strongly recommend that the contact person also have a working knowledge of the pharmacy's P&Ps and the authority to make any necessary P&P revisions. This can help ensure a smooth process.

The **Pharmacy Name** is the dispensing facility. Please submit a list of the dispensing pharmacies in an Excel (.xls) file (see an example) that includes the following information:

- Name of the pharmacy
- Complete address
- All previous and current state and controlled substance licenses (including DEA licensure)
- Type of license
- License number

Download the License template (.xls). This Excel file can be used as a template when creating your own list.

The **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. There must be one PIC for each dispensing site (if more than one dispensing site is used).

The **PIC State License(s)** is the state(s) in which the PIC holds a PIC license. The applicant must include all current and expired licenses. If the applicant is utilizing more than one dispensing pharmacy, submit a list of PICs for each dispensing site in an Excel (.xls) file (see an example) that includes the following information:

PIC name

- PIC NABP e-Profile ID
- PIC licensing agency

- PIC License number

Download the License template (.xls). This Excel file can be used as a template when creating your own list.

A toll-free phone number for the public to report medical and pharmaceutical problems must be monitored 24 hours a day, seven days a week, allowing appropriate response time for a pharmacist or primary care practitioner to intervene in case of a serious drug reaction.

Ownership Information Page

- Ownership information applies to any for-profit or not-for-profit legal entity, such as a partnership, corporation, limited liability company (LLC), or sole proprietorship that owns or contracts the pharmacy's services.
- The Name of Corporate Entity applies to any for-profit or not-for-profit legal entity that owns or contracts for the pharmacy services. It is the ultimate controlling company.
- The Corporate Address is the location where the Legal Business Name is registered with the IRS. This address may or may not be the same address as the Physical Address of the pharmacy.

Note: If the company is owned by multiple individuals and there is no sole owner, put the name of the company under the "First Name" tab and list all the names of the individuals who share ownership in the "Major Investors" section of the application.

Major Investor Page

Major Investors must include all individuals, partnerships, LLCs, and corporate owners who directly own greater than a 10% equity position in the ownership or a controlling interest of the organization and/or greater than a 10% voting interest in the organization.

Services/Products Section

Services/Products Provided. Those categories listed will be searchable fields for the public to use when seeking an accredited digital pharmacy licensed to service in-state residents. At our discretion, some groups or categories of services may not be listed on our website.

Licensure Maintenance Section

Licensure Maintenance refers to the states(s) in which the pharmacy is licensed or registered. Additionally, 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.

Supplemental Documentation

All required supplemental documentation must be provided to us within 30 days from the application submission date or the application may be canceled. However, we recommend that supplemental documentation be submitted in tandem with the application using the online application's "Upload Files" option.

If there is any delay in submitting the required documents, you must contact staff to request a time extension to avoid a cancelation of your application. Requests for time extensions may be subject to administrative fees. Failure to notify us of any delay may result in the cancelation of your application.

Required Documentation Demonstrating Compliance with Criteria

The application includes a list of criteria for which we require documentation that demonstrates the applicant's compliance. We review the submitted documents and specifically looks for certain P&Ps it believes are essential to meeting the intent of the Digital Pharmacy Accreditation criteria. For much of the requested information, we provide templates for your use. When submitting information for which we have provided a template, it may be utilized, or you may provide Microsoft Excel files that are similarly formatted. Do not send blank templates. You will be notified via email if we find any of the submitted materials unacceptable or in need of clarification.

Upload Documentation

List of Required Supplemental Documentation:

1. Description of the business model
2. List of sources of prescription drugs

1. A detailed description of the pharmacy's Business Model.
   Please provide a description of your business model to help us better understand the operations of the pharmacy. This should include the following information, as applicable:
   - Description of pharmacy operations. Examples: retail/institutional, central fill, mail order, etc
   - List of services provided. Examples: sterile/nonsterile compounding, durable medical equipment, etc
   - Description of services offered on the website. Examples: new prescriptions, refills, online questionnaires, etc
   - Types of prescription products offered (human, veterinarian, or both)
   - Types of prescription dosage forms dispensed. Example: Controlled Cold Temperature (Refrigeration), defined as "temperature maintained thermostatically between 2° and 8° (36° and 46° F), that allows for excursions in temperature between 0° and 15° (32° and 59° F) that may be experienced during storage, shipping, and distribution such that the allowable calculated mean kinetic temperature is not more than 8° (46° F). Transient spikes up to 25° (77° F) may be permitted if the manufacturer so instructs and provided that such spikes do not exceed 24 hours unless supported by stability data or the manufacturer instructs otherwise," as used for most dosage forms of products such as
2. [A current list of sources of prescription drugs](#) must be submitted that includes all companies where the applicant pharmacy obtains prescription drugs. The list should include the vendors' location (cities and states) and identify them as manufacturers, wholesale distributors, or others. The information must be separated in rows and columns in an Excel file, be specific to the facility applying, and should only include vendors [as defined by NABP](#).

Policies and Procedures

We will provide the Digital Pharmacy Accreditation P&P Assessment after submission of the application and all fees. The Assessment is a Microsoft Word document that enables an applicant to delineate which of its organizational P&Ps fulfill the digital pharmacy criteria. The document clearly lays out the P&Ps necessary to meet Digital Pharmacy Accreditation and

enables the applicant to enter either the name or number and the page number for the P&P demonstrating compliance.

The Assessment also enables applicants utilizing corporate P&Ps, P&Ps shared with another location, or that have business partners responsible for off-site processes to provide a map of how their documents and processes are used and shared.

The Assessment, along with complete copies of all the P&Ps it references, must be provided electronically to NABP within 90 days from the date NABP sent the Assessment or the application may be canceled.

P&Ps will be reviewed only after NABP confirms that all supplemental documentation is acceptable.

An on-site survey will only be scheduled after we confirm that all P&Ps and supplemental documents are compliant with criteria.

Submit All Required Policies and Procedures

- Licensure
- Policy Maintenance
- Compliance with Laws and Conflicts of Law
- Patient Information
- Patient Profiles
- Prescriptions
- Undue Delays
- Drug Utilization Review
- Patient Consultation
- Reporting ADRs and Errors
- Storage and Shipment
- Recalls
- Over-the-Counter Products
- Disposal of Products
- Quality Improvement Programs
- Reporting to NABP

Copies of actual P&Ps (drafts are not accepted) evidencing compliance, as set forth in the Assessment, are required. P&Ps not submitted in accordance with the Assessment will delay processing the application.

The Assessment must be completed and submitted. The Assessment will allow you to type your answers on each page and save your additions. It is important that references made on the Assessment and the actual electronic files that are submitted to support the references use the same names. For example, if the electronic file is named SOP5.31 – Licensing, it should be referenced on the Assessment as SOP5.31 – Licensing.

To help expedite the application process, NABP strongly encourages the following:

- Submit P&Ps as Microsoft Word files.
- Submit each P&P as an individual file.

Additional Notes on Submitting Documents to NABP

All documents should be gathered and submitted at one time rather than individually, whether submitted online or via email.

We accept supplemental documents utilizing the "Upload Files" option during application submission. Documents not submitted with the online application must be submitted via email or standard mail. If desired by the applicant, items sent via standard mail can be submitted on a CD-ROM or USB flash drive.

When emailing the documents (as attachments) to VIPPS@nabp.pharmacy, please mention that the attached documents are for a new application. Include the facility name, city, and state.

A CD of the documents can be mailed along with a copy of the receipt page (issued following completion of the online application) via a land carrier to:

> ATTN: Digital Pharmacy Accreditation
> National Association of Boards of Pharmacy
> 1600 Feehanville Drive
> Mount Prospect, IL 60056

When sending the documents via CD, please include appropriate identifying information about the pharmacy and name the documents according to the examples below:

> Example: For Supplemental Document #a, "DEA Registration"

Payment

Application and survey fees must be paid by credit card (MasterCard, Visa, or American

Express) at the time of application submission. If a credit card is not available, a prepaid debit/credit card, available for purchase from any banking institution, may be used to pay the fees.

Canceled or withdrawn applications are subject to administrative fees.

Disclaimer

We request via email that each applicant accept the refund policy once the application has been submitted and processed. We must receive the applicant's acceptance within three business days of the request or the application will be canceled and a full refund issued.

Once work has begun on an application, a full refund of fees paid is no longer possible, even if the applicant elects to withdraw or cancel the application.

The refund amount will be determined by the percentage of work that has been performed when the cancelation or withdrawal request is received. For example, if 50% of the work has been completed, we will refund 50% of the fees; if only 10% of the work has been performed, 90% of the fees will be refunded, etc.

Once an application has been processed and if we determine that the business does not meet program standards for accreditation, the business will not be eligible for a refund.

Please note that we reserve the right to share information with our member boards of pharmacy or appropriate regulatory or law enforcement authorities or search engines such as Google, Yahoo!, and Microsoft's Bing.com concerning the status of an applicant's accreditation and/or any denial of accreditation. Further, if we identify serious concerns (e.g., violations of jurisdictional law) during its review of the application and documentation, the applicant's .pharmacy verification could be impacted.