

## Application Supplemental Documentation

To avoid unnecessary delays, please take the time to thoroughly review the required documentation and gather the documents outlined below prior to starting the application process. This documentation is required for NABP's Community Pharmacy Accreditation, Compounding Pharmacy Accreditation, Digital Pharmacy Accreditation, DMEPOS Pharmacy Accreditation, Home Infusion Therapy Pharmacy Accreditation, Specialty Pharmacy Accreditation, and Verified Pharmacy Program® (VPP®) applications.

Utilize the checklist below to prepare the supplemental documentation for your application:

<input type="checkbox"/> Business schematic diagram <ul style="list-style-type: none"> <li>a. Make sure all key areas of the business are visible and clearly labeled. For example, please indicate areas dedicated to sterile compounding, if applicable to your business, and product storage areas identified by storage type (refrigerated, controlled room temperature, temperature probes, etc). Please also indicate areas dedicated to distribution, if applicable.</li> </ul>
<input type="checkbox"/> Photo of the business storefront <ul style="list-style-type: none"> <li>a. Please ensure that the business name and entrance are visible.</li> </ul>
<input type="checkbox"/> All licenses held by the business (closed, inactive, pending, DEA, controlled substance, wholesale distributor, etc.) <ul style="list-style-type: none"> <li>a. These can be added or updated individually in your business e-Profile or added via the license template provided in the e-Profile system.</li> </ul>
<input type="checkbox"/> Licenses and e-Profile IDs for licensed staff. Staff license requirements vary from program to program. <ul style="list-style-type: none"> <li>a. For any pharmacy-related programs (Community, Compounding, Digital, DMEPOS, Home Infusion Therapy, Specialty, or VPP), a pharmacist-in-charge's, lead pharmacist's, or pharmacy manager's license is required.</li> <li>b. For distributor programs (Drug Distributor, OTC Medical Device Distributor, or Supply Chain Inspection), a licensed designated representative is only required <b>for wholesale distributors</b> if the business is doing business in California or Florida. To avoid application delays, staff should update their license information in their individual e-Profiles prior to filling out the business application.</li> </ul>
<input type="checkbox"/> Ownership information, including names, addresses, and contact information for individual and company owners that have 5% or greater equity in the ownership or controlling interest of the organization and/or 5% or greater interest in the organization
<input type="checkbox"/> Names and addresses of affiliate businesses, including any website to which the business website links, as well as other entities that share or have shared in the past 12 months a common ownership or common principals, management, pharmacist-in-charge, or contact information, such as a phone number or street address, with the business
<input type="checkbox"/> If the business is in a shared services agreement or central fill arrangement, the names and addresses of the other locations will be requested.

<input type="checkbox"/>	List of the top drugs processed <sup>1</sup> or sold by the business, including dosage forms <ol style="list-style-type: none"> <li>a. Provide the top five non-compounded, top five nonsterile compounded, and top five sterile compounded drugs, as applicable.</li> </ol>
<input type="checkbox"/>	Average number of drug and/or device orders processed through the business per day
<input type="checkbox"/>	Square footage of the business
<input type="checkbox"/>	List of the business' non-manufacturer prescription drug sources for the past three years <ol style="list-style-type: none"> <li>a. Source list instructions and a template are available in the e-Profile system.</li> </ol>
<input type="checkbox"/>	<b>Certification reports if sterile compounding</b> <b>Note:</b> reports must be from within the last six months to request an inspection. Must include: <ol style="list-style-type: none"> <li>a. Primary engineering controls certification report</li> <li>b. Secondary engineering controls certification report</li> <li>c. Viable air testing report</li> <li>d. Viable surface testing report</li> <li>e. Technician notes</li> <li>f. Summary</li> </ol>
<input type="checkbox"/>	Scanned copies of the most recent state, federal, or third-party inspection reports and any responses provided by the business, if available <ol style="list-style-type: none"> <li>a. All documentation submitted must be free of any protected health information (PHI) or personally identifiable information (PII). If any PHI or PII is included, the application will be considered incomplete and the review will be delayed.             <ol style="list-style-type: none"> <li>i. <b>Note:</b> PHI and PII include, but are not limited to, patient names, prescription numbers, Social Security numbers, etc.</li> </ol> </li> </ol>
<input type="checkbox"/>	Disciplinary action taken (or in process) within the last five years against the business, business owners, or licensed staff <ol style="list-style-type: none"> <li>a. Copies of disciplinary action (or other action taken against the business) will be requested in the following scenarios:             <ol style="list-style-type: none"> <li>i. FDA warning letters and/or FDA Form 483s</li> <li>ii. Pending discipline (any action that is not final or settled)</li> <li>iii. Civil penalties related to insurance fraud or billing practices</li> <li>iv. Criminal violations (other than minor traffic violations) that are under appeal</li> </ol> </li> <li>b. All documentation submitted must be free of any PHI or PII. If any PHI or PII is included, the application will be considered incomplete and the review will be delayed.             <ol style="list-style-type: none"> <li>i. <b>Note:</b> PHI and PII include, but are not limited to, patient names, prescription numbers, Social Security numbers, etc.</li> </ol> </li> </ol>
<input type="checkbox"/>	<b>For DMEPOS Pharmacy Accreditation Application ONLY</b> Medicare supplier billing number or NSC number (if available). This must be a 10-digit number. If you do not have a number, you can leave this field blank and select the box "Waiting for Medicare Supplier Billing Number."

<sup>1</sup> The term "process" recurs throughout the application. Processing may include, but is not limited to, drug and/or device orders that are sold, shipped, stored, distributed, and/or dispensed.