

**Secretary of State
Office of Professional Regulation
BOARD OF PHARMACY
National Life Building, North, Floor 2
Montpelier, VT 05620-3402
www.vtprofessionals.org**

Attention: Kristy Kemp, Administrative Assistant
Phone: (802) 828-2373, or 828-1505 ** Fax (802) 828-2465
E-Mail: kkemp@sec.state.vt.us

**REGISTRATION FOR TELEPHARMACY ACROSS STATE LINES
OUT-OF-STATE REGISTERED PHARMACIST**

"Practice of Telepharmacy" means the provision of pharmaceutical care through the use of telecommunications and information technologies to patients at a distance.

(A) "Practice of Telepharmacy Across State Lines" means the provision of pharmaceutical care through the use of telecommunications and information technologies that occurs when the patient is physically located within the jurisdiction and the pharmacist is located outside the jurisdiction.

(B) Those providing telepharmacy services must register with the Board and meet the requirements set forth in Rules 2.9 and 2.10.

2.9 Registration for Telepharmacy Across State Lines Pharmacy services may be provided via telepharmacy. A pharmacist providing telepharmacy services into the State of Vermont from another state is required to be registered as an "out of state registered pharmacist" with the Board.

This registration requirement does not apply to pharmacists practicing in a non-resident pharmacy that is licensed in Vermont to ship drugs to patients residing in the State of Vermont.

OUT-OF-STATE REGISTERED PHARMACIST

The following documents must be submitted:

To become an out-of-state registered pharmacist to provide services via telepharmacy you must complete this Application and submit it to the Board. In addition, you must provide evidence of licensure and good standing in another jurisdiction(s) and provide other information applicable to your telepharmacy practice.

The following documents must be submitted:

- Completed Application(s). Complete the Vermont Application and submit it to the Vermont Board of Pharmacy.
- Application fee **none** at this time. (Application fees are non-refundable.) This Registration is renewable odd years in July.
- Verification of Licensure from all jurisdictions in which you have held or currently hold a license. Verifications of licensure standing must include your name, date of original licensure, status, expiration date, and reports of disciplinary actions, if applicable. Online verifications are acceptable as long as the required information is provided.
- A statement of the scope of patient services that will be provided;
- A description of the protocol or framework by which patient care will be provided;
- If applicable, any collaborative practice agreements with other health care practitioners; and
- A statement attesting that the applicant understands and will abide by the pharmacy laws and regulations of the State of Vermont. (This certification is accomplished when you sign the application.)

See Board Rule 2.10 Telepharmacy Disclosure Requirements available from our Web site
<http://vtprofessionals.org/opr1/pharmacists/rules.asp>

Vermont Secretary of State
Office of Professional Regulation
National Life Building, North FL 2
Montpelier VT 05620-3402
(802) 828-1505



Kristy Kemp
Administrative Assistant
(802) 828-2373
kkemp@sec.state.vt.us
www.vtprofessionals.org

Vermont Board of Pharmacy

Application for Out-of-State Registered Pharmacist Registration for Telepharmacy Across State Lines

First Name	Middle Initial	Last Name	Circle One:
			Mr. Mrs. Ms. Dr.
Previous Name(s) (Maiden)			

Social Security Number: _____ / _____ / _____ ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

OR

Passport Number: _____ *** (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))

Mailing Address:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

911 Address: (if different than mailing)	P.O. Box	
	Street/Apt #	
	City/State/Zip	

Home Phone:	() -	Cell Phone:	() -
Work Phone:	() -	E-Mail:	

Date of Birth	Place of Birth (City, State, Country)	Gender: (Circle One)
		Female Male

Vermont Mandatory “Good Standing” Declarations

Child Support

Child Support Orders, 15 V.S.A. § 795(c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

Taxes

Tax Compliance, 32 V.S.A. § 3113(b): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am neither in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

Unemployment Compensation

Unemployment Compensation, 21 V.S.A. §1378(b): As of the date of this application: (you must check one)	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

District Court Fines / Judicial Bureau

Unpaid Judgments, 4 V.S.A. § 1110 (b&c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Vermont Mandatory Credential and Fitness Questions

Circle Yes or No for each of these questions. If the answer is Yes, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (U.S. or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
--	-----	----

Has Vermont or any other state, federal authority, or other jurisdiction (U.S. or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
---	-----	----

Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
--	-----	----

Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
---	-----	----

Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
---	-----	----

Do you have any criminal charges pending against you in any jurisdiction (U.S. or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
--	-----	----

Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a (a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
--	-----	----

Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
---	-----	----

Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
---	-----	----

**Application for Out-of-State Registered Pharmacist
Registration for Telepharmacy Across State Lines**

List below every state in which you now hold or have ever held a license to practice pharmacy. State "none" if applicable.				
State/Territory/Country	Type of License	Date Issued	Expiration Date	License/Registration No.

Indicate site where Telepharmacy will originate					
City		State		Zip	
Phone		Fax		License Number (if applicable)	

Are there any collaborative practice agreement(s) with other health care practitioners? If <u>yes</u>, please provide the Office with a copy of the agreement(s).	Yes	No
--	-----	----

The Applicant must provide the following:

- A statement of the scope of patient services that will be provided; and
- A description of the protocol or framework by which patient care will be provided.

Statement of Applicant

I certify, under the pains and penalties of perjury, that I understand and will abide by the pharmacy laws and regulations of the State of Vermont.	
I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (3 V.S.A. §2901)	
Signature of Applicant	Date