

Vermont Secretary of State  
Office of Professional Regulation  
VERMONT BOARD OF PHARMACY  
National Life Building, North, FL 2  
Montpelier, VT 05620-3402  
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Web Site: [www.vtprofessionals.org](http://www.vtprofessionals.org)

## INSTRUCTION SHEET FOR IN-STATE (VERMONT) PHARMACY

You may contact Kristy Kemp, Administrative Assistant, at (802) 828-2373 or E-mail: [kkemp@sec.state.vt.us](mailto:kkemp@sec.state.vt.us), if you have questions or if you need additional information.

The information below applies to In-State (Vermont resident) pharmacies (drug outlets). See the Board's Administrative Rules, particularly Parts 7 through 18 for more information.

### Indicate Type of Pharmacy:

- **Retail Pharmacy (prefix 038)** includes Mail Order, Compounding, Home Infusion, etc.
- **Community Based Long Term Care Pharmacy (140)** – Closed to retail trade, only providing services to patients who may or may not reside in an institutional setting. These pharmacies are subject to the Rules pertaining to Retail Pharmacy. (See Parts 7, 9 and 18 of the Rules)
- **Institutional Pharmacy (prefix 037)** – A pharmacy physically located within an institutional facility (i.e., hospital, convalescent home, nursing home, extended or long term care facility, mental health facility, etc.) providing services to the residents or patients of the institutional facility (See parts 9 and 10 of the Rules)
- **Institutional Long Term Care Pharmacy (141)** – A pharmacy not physically located within an institutional facility but only provides services to patients or residents of institutional facilities. (See Parts 9 and 10 of the Rules)

A pharmacy that provides services to patients who do not reside in institutional settings (with the exception of a one time dispensing upon discharge from an institution) can not be classified as an "institutional pharmacy." (Board Rule 10.2 (b))

- **Investigative and Research Projects (prefix 035)** (26 V.S.A. § 2061 (5) and Part 13)
- **Nuclear/Radiologic Pharmacy (142)** (Part 14 of the Rules)

**A new application is required when a pharmacy changes ownership or relocates.** (26 V.S.A. § 2061, Parts 7 – 18 of the Rules)

**Name of Pharmacy:** Enter the name under which you are conducting business. This name should be the same as the name that appears on the prescription label and signage.

**Legal Organization:** Indicate whether this business is an individual proprietorship, partnership, corporation, limited liability company, or other.

**Owner(s):** Enter the name(s) of the owners, partners, members, sole proprietor, etc.  
If a corporation, enter the names of the shareholders owning 5 percent or more of the drug outlet/pharmacy where indicated. The address here should reflect the mailing address for headquarters, if applicable.

**Pharmacist Manager:** Enter the name of the pharmacist who is responsible for the pharmacy operation. (See Rules for pharmacist manager's responsibilities)

**All signatures required on the application must be those of an Owner, a Partner or Corporate Officer.**

1. Complete the application and return it to the address above
2. Submit application fee in the amount of **\$300.00**. Please make your check payable to Vermont Secretary of State. Application fees are nonrefundable.
3. Provide a scale drawing (floor plan) of the drug outlet indicating space utilization and security arrangements in detail.
4. Verification of current business registration (provide a copy of the Articles of Incorporation, Certificate of Authority, Trade Name, Limited Liability Company, etc. as filed with the Vermont Secretary of State, Corporations Division, 26 Terrace Street, Montpelier, Vermont. 802-828-2386. Note if the name of the owner (i.e., corporation) and pharmacy (dba) differ, provide evidence of both registrations.
5. Provide lists of partners, members, or shareholders of a parent corporation owning five percent (5%) or more of the corporation's assets including principal corporate officers, directors, and all pharmacists dispensing drugs, including the pharmacist in charge. If no shareholder owns 5% or more, please state that fact on the application. The lists must include the name, date of birth, and address of any person with a controlling interest in this business/drug outlet.
6. Flow chart showing ownership. If an actual flow chart is not available, a description of the ownership or hierarchy of the organization is acceptable.
7. Completed Affirmation Form by the sole proprietor, or all partners, members, or corporate officers and directors, and the pharmacist-manager, that they have not been convicted of, and are not under indictment for, any felony, or misdemeanor arising from the violation of any drug or pharmacy related laws (Rule 7.2 (e)) is required.

Your in-state pharmacy (drug outlet) must be inspected prior to opening. Your application must be complete prior to scheduling an inspection (Rule 7.2 (h) and 7.3).

Upon a favorable inspection, a temporary license will be issued. Once issued, you must submit the following:

- confirmation of applicant's DEA license
- affidavit showing adequate supply of drugs
- the final successful inspection report

Once your application is complete, it will be sent to the Board for review. The Board usually meets on the fourth Wednesday of each month. See the Board's Web site for specific meeting dates, agendas, minutes, etc.

**NOTE:** All licensees renew on a fixed 24 month schedule: July 31 (odd numbered years). Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew and pay the renewal fee. Initial licenses issued within 90 days of the renewal date will not be required to renew or pay the renewal fee.

**The Statutes and Rules are available via the Board's Web site at:**  
<http://vtprofessionals.org/opr1/pharmacists/>

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**APPLICATION FOR LICENSE TO CONDUCT A PHARMACY**  
 (Board Rules Parts 7 – 18 may apply)

**CHECK ONE**

	<b>Retail Pharmacy (038)</b> (26 V.S.A. § 2061, See Parts 6 – 9 of the Rules)
	<b>Community Based Long Term Care Pharmacy (140)</b> – A pharmacy closed to retail trade, only providing services to patients who may or may not reside in an institutional setting (See Parts 9 and 18 of the Rules)
	<b>Institutional Pharmacy (037)</b> – A pharmacy physically located within an institutional facility (i.e., hospital, convalescent home, nursing home, extended or long term care facility, etc.) (See parts 9 and 10 of the Rules)
	<b>Institutional Long Term Care Pharmacy (141)</b> – A pharmacy <u>not</u> located within an institutional facility but only provides services to patients or residents of institutional facilities) See Parts 9 and 10 of the Rules)
	<b>Investigative and Research Projects (035)</b> (26 V.S.A. § 2061 (5) and Part 13)
	<b>Nuclear/Radiologic Pharmacy (142)</b> (Part 14 of the Rules)
	<b>Change in Location or Address</b> (26 V.S.A. § 2061, Parts 7 – 18 of the Rules) Indicate Vermont State License/Credential Number:

<b>Name of Pharmacy</b>					
Physical Location in the State of Vermont					
Mailing Address, Street		City, State, Zip			
Phone		Fax		Email	

<b>Federal Identification Number</b>  ____ / ____	<b>Social Security No. (sole proprietor)</b>  ____ / ____ / ____
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LEGAL ORGANIZATION:     Corporation     Individual     Partnership     Limited Liability Company  
                                   Foreign Corporation     If Other, Indicate:

<b>Name of Owner</b> (entity or Individual)	
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List the name, date of birth and address of the sole proprietor, partners, members, etc.		
Name of individual owner(s)	Date of Birth	Mailing Address

If corporate owner, provide names and addresses of officers and shareholders owning 5% or more. (Attach separate sheet if necessary). If no individual shareholder owns 5% or more, please state that fact below.		
Shareholder's Name	Date of Birth	Mailing Address

Indicate hours that the pharmacy is open for business.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name(s) and license number(s) of all pharmacists employed by the pharmacy, including employer if employer is a pharmacist.

<u>Pharmacist Manager's Name</u>	<u>License Number</u>	<u>Hours Pharmacy open per week</u>	<u>Hours worked per week</u>

<u>Name of other Pharmacists employed here</u>	<u>License Number</u>	<u>Hours Pharmacy open per week</u>	<u>Hours worked per week</u>

<b>ANTICIPATED OPENING DATE:</b>	
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**Drug Enforcement Administration:**

Is the applicant registered under the Controlled Substances Act? If Yes, Indicate DEA Number Issued.	Yes	No
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**Vermont Mandatory “Good Standing” Declarations**

**CHILD SUPPORT:**

Child Support Orders, 15 V.S.A. § 795

As of the date of this application: this business, and/or the person signing this form, (check one)

- Is not subject to a child support order; OR
- Is subject to a child support order and am in good standing\* or in full compliance with a plan to pay
- Is 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: this business, and/or the person signing this form, (check one)

- Has never lived or worked in Vermont and do not owe Vermont taxes; OR
- Has no taxes due and payable and all required returns have been filed; OR
- Has the liability for any taxes due and payable on appeal; OR
- Is not in compliance with a payment plan approved by the Vermont Department of Taxes; OR
- Is not 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: this business, and/or the person signing this form, states that: (check one)

- This does not apply because this business or I have never been an employer in Vermont; OR
- 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
- this business or 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(c)

As of the date of this application: this business, and/or the person signing this form: (check one)

- Does not have any unpaid judgements
- Is 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.”
- Is 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 or consult the “information for applicants” on the OPR web page. ([www.vtprofessionals.org](http://www.vtprofessionals.org))

**Please note, answers to the questions apply to the applicant, its owner or parent, subsidiaries or any another person or entity with a controlling interest in this organization.**

**Vermont Mandatory Credential and Fitness Questions**

Please circle Yes or No for each of these questions. If "Yes," follow the provided instructions.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application for a license, certificate, or registration by this applicant to conduct business or perform professional services? <i>If "Yes," 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 (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration held by this applicant to conduct business or perform professional services? <i>If "Yes," provide a copy of the order or official notification of the action.</i>	Yes	No
Has the entity for which this application is submitted ever surrendered a license, certificate or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No
Is the entity for which this application is submitted currently under investigation by a licensing authority? <i>If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
Has the entity for which this application is submitted been convicted of a crime? <i>If "yes," provide a detailed written explanation and attach the official court documents.</i>	Yes	No
Does the entity for which this application is submitted have any criminal charges pending against it in any jurisdiction (US or elsewhere)? <i>If "yes," 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).

**Statement of Applicant**

<p>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 this application for licensure/certification/registration. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)</p> <p>I further certify that I have read and understand the laws and rules of the profession (<a href="http://www.vtprofessionals.org">www.vtprofessionals.org</a>).</p>	
<b>Signature of Applicant</b>	<b>Date</b>
Print Name and Title of proprietor, partner, member or corporate officer:	
Signature of Pharmacist Manager:	

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**AFFIRMATION**

Name of Pharmacy			
Your Name			
Your Address City, State, Zip			
Date of Birth		Email Address	

Check Applicable position or title:

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Officer
<input type="checkbox"/> Director	<input type="checkbox"/> Pharmacist-Manager	<input type="checkbox"/> Other

The Board's Rules require an Affirmation by the sole proprietor, all partners, members, or corporate officers and directors, and the pharmacist-manager, that they have not been convicted of, and are not under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law.

**Answer the questions below. If "Yes," provide documentation.**

Have you been convicted of, or under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law? <b>If "Yes," attach court documents.</b>	Yes	No
Has Vermont, any other state, territory, or other jurisdiction 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? <b>If "Yes," provide a certified copy of the action.</b>	Yes	No
Has Vermont, any other state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? <b>If "Yes," provide a certified copy of the order or official notification of the Board action.</b>	Yes	No

**CERTIFICATION OF APPLICANT**

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 for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (13 V.S.A. §2901)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ }ss.

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_  
(year)

\_\_\_\_\_  
**Notary Public** Commission Expires: \_\_\_\_\_