

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 WHOLESALE DISTRIBUTOR, MANUFACTURER, Etc.

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

Your application must be complete before it will be sent to the Board for review. All required documents must be received by this Office within **six months** or this application will be deemed invalid. **Changes in ownership require a new application.**

Board Rule 1.10 Definitions: (48) "Wholesale Distributor" means any person engaged in wholesale distribution of drugs, including but not limited to manufacturers, repackagers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses, independent wholesale drug traders, and retail pharmacies that conduct wholesale distributions.

**This application applies to in-state and out-of-state wholesale distributors, manufacturers, etc. (see definition above). Additional information may be required depending upon the type of application submitted.**

**In addition, Third Party Logistics organizations that ship products directly to Vermont for wholesalers or manufacturers must be licensed.** See the statutes and rules via our Web Site.

<http://vtprofessionals.org/opr1/pharmacists/>

Submit the following:

- Completed Application. All signatures required on the application must be those of an Owner, a Partner or Corporate Officer.
- Application fee of **\$600.00**. Make checks payable to: Vermont Secretary of State. (Application fees are non-refundable.)
- Flow chart showing ownership. If an actual flow chart is not available, a description of the ownership or hierarchy of the organization is acceptable.
- **Ownership.** Provide lists of all principal corporate officers, directors, and shareholders owning 5% or more. If no shareholder owns 5% or more, please state that fact on the application. **Note: Changes in ownership require submittal of a new application.**

Name(s) of the owner and the operator of the licensee, including:

- (1) If a person: the name, address, and social security number and date of birth;
- (2) If a partnership: the name, address, and social security number and date of birth of each partner, and the name of the partnership;
- (3) If a corporation: the federal identification number of the corporation, the name, address, and date of birth, and title of each corporate officer and director, the corporate names, the name of the State of incorporation, and the name of the parent company, if any; the name, and address of each shareholder owning five percent or more of the voting stock of the corporation, including over-the-counter stock,

unless the stock is traded on a major stock exchange and not over-the-counter;  
(4) If a sole proprietorship: the full name, address, social security number, and date of birth of the sole proprietor and the name of the business entity.

- **Affirmation Forms.** Affirmations must be completed by the sole proprietor, all members, all partners, or corporate officers and directors, and the contact person(s) for the facility used by the applicant for storage, handling, and distribution of drugs, stating 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. Questions must be answered and your signature must be notarized.
- **Inspection.** Copy of most recent Inspection Report form from the state in which the drug outlet is located. Note: All wholesalers must submit proof with **initial and renewal applications** that they have successfully passed and have maintained a current inspection (not more than three years old) certification by the Pharmacy Board in the state in which they reside, or have successfully obtained and maintained Verified Accredited Wholesale Distributor (VAWD) certification, or from inspection certification from another similar body approved by the Board.

Where the Pharmacy Board in the other state has not inspected the wholesaler in the past three years through no fault of the wholesaler, the wholesaler may advise the Board of the inspection delay and the Board may grant the wholesaler an extension of up to one year to allow for the other state to perform the inspection.

In-state (Vermont) facilities must be inspected before licensure will be granted.

Wholesale Broker applications must include a statement that prescription drug products will not be stored at the registered location. The inspection requirement applies to all facilities where drugs are stored.

- **Verification of Licensure and Good Standing.** Verification of licensure standing directly from the licensing authority in the state where the wholesaler or manufacturer is located that will be shipping drugs to Vermont. No form is provided. Contact your state's Board of Pharmacy or applicable licensing authority and request that a verification of good standing be sent to Vermont. Note: Online verification is acceptable provided the state in which the facility is located reports whether disciplinary action(s) has been taken against the applicant.
- **Convictions/Denials/Disciplinary Actions.** Complete list of disciplinary actions taken against the applicant, including actions taken against its parent, its subsidiaries, or any other person or organization with a controlling interest (including those owning 5% or more) in this drug outlet. If the answer is **yes**, provide certified copies of the charges, if filed, and of the Final Disposition or Court Order.
- If your Wholesaler is certified by the National Association of Boards of Pharmacy's Verified Accredited Wholesale Distributor (VAWD) program, please provide a copy of your certification. For more information contact the NABP via [www.nabp.net](http://www.nabp.net).

**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.

See the Board's Web site for specific meeting dates, agendas, minutes, applications, notices, etc.

The Board's Web site is: [www.vtprofessionals.org](http://www.vtprofessionals.org)

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**Board of Pharmacy**

**Application for Licensure for Wholesale Distribution of Drugs** (Check all that apply)

Warehouse Distribution		Manufacturer's Distribution		Repackager	
Private-Label Distributor		Broker		Other:	

Name of Wholesaler or Manufacturer	
DBA (Doing Business As)	
Contact Person at the Facility	

**FEIN Number:** \_\_\_\_\_ / \_\_\_\_\_ **\*\*** (Providing your Federal ID number (FEIN) 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 FEIN is not disclosed as part of a public records request); **Sole proprietors must provide their social security number.**

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

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

<b>Home Phone:</b>	(     )     -	<b>Cell Phone:</b>	(     )     -
<b>Work Phone:</b>	(     )     -	<b>E-Mail:</b>	

<b>Mailing Address of parent company if different:</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	
	<b>Country</b>	

## 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 judgments  
 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
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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
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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
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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
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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
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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
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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).

LEGAL ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Foreign Corporation <input type="checkbox"/> If Other, Indicate:
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<b>Name of Owner</b> (entity or Individual(s))	
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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, addresses, and date of birth, 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

Name of Contact Person used by the applicant for storage, handling, and distribution of drugs this facility.		Date of Birth	
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Address	
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Type of Operation: (Check All That Apply)			
Full Service Wholesaler	Manufacturer	Repackager	
Buying Group	Import/Export	Own-Label Distributor	
Private-Label Distributor	Jobber	Broker	
Manufacturers' Warehouse	Chain Drug Warehouse	Wholesale Drug Warehouse	
Independent Wholesale Drug Traders	Retail Pharmacy that conducts wholesale dist.	Other	

Sells Drugs To: (Check All That Apply)			
Community Pharmacies	Hospital Pharmacies	Wholesalers	
Veterinarians	Physicians or other prescribers	Other, Specify:	

Check Types of Drugs Distributed:	Controlled Substances		Non-Controlled Prescription Drugs		Durable Medical Equipment	
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**Drug Enforcement Administration:**

Is the applicant registered under the Controlled Substances Act? If Yes, provide a copy of your DEA Number Issued.	Yes	No
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**Statement 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 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)

I further certify that I have read and understand the laws and rules of the profession ([www.vtprofessionals.org](http://www.vtprofessionals.org)).

<b>Signature of Applicant</b>		<b>Date</b>	
Print Name and Title of proprietor, partner, member or corporate officer:			



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**STATEMENT OF CONTACT PERSON**

Name of Wholesaler	
Address of Wholesaler	

Print Your Name as Contact Person for this Facility	
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Contact Person's Date of Birth	
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<b>Home Phone:</b>		<b>E-Mail:</b>	
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<b>Mailing Address of parent company if different:</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	
	<b>Country</b>	

I certify that I am the contact person for this facility and that I have read and understand the Vermont statutes and rules relating to a wholesalers, manufacturers or re-packagers.

<http://vtprofessionals.org/opr1/pharmacists/rules.asp>

**Statement 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 or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)	
Signature of Contact Person	Date