



2924 Emerywood Parkway, # 300
 Richmond, Virginia, 23294
 (804) 377-1057 Toll Free: 1-866-262-550
 www.rxpartnership.org

Rx PARTNERSHIP APPLICATION FOR AFFILIATION

Name of Organization	Telephone # ()	
Street Address	Fax #: ()	
City	State	Zip Code
Name of Pharmacy as it appears on Pharmacy Permit	Pharmacy Permit Number	
Name of Pharmacist-In-Charge	Pharmacist License Number	
Name of Pharmacy Software used:		
Name of Responsible Party (Executive Director or CEO)	Title of Responsible Party	

Please attach the following additional information and label as indicated.

- | <u>LABEL</u> | <u>DESCRIPTION</u> |
|--|---|
| <u>Attachment 1:</u> | Documentation of designation as a non-profit, 501 (c) (3) corporation |
| <u>Attachment 2:</u> | A copy of your most recent Form 990 Federal Tax Return |
| <u>Attachment 3:</u> | Fraud certification (form provided in packet) |
| <u>Attachment 4:</u> | A copy of your Organization’s Standard Operating Procedures (SOP) including Pharmacy SOP |
| <u>Attachment 5:</u>
<u>A, B, C & D</u> | A copy of your (A)Pharmacy Permit, the (B)License of the Pharmacist-In-Charge and a copy of the (C)last inspection report conducted by the Virginia Board of Pharmacy. A copy of your (D)DEA registration if Schedule II-V controlled substances are stored or dispensed (this may not be applicable). |
| <u>Attachment 6:</u> | List of corporate officers, their occupations and complete contact information |
| <u>Attachment 7:</u> | A copy of the organization’s current patient eligibility form (enrollment or screening) and the protocol that outlines the screening process (if something additional to what is contained in the SOP is available) |

There is a \$250 fee to apply for affiliation with Rx Partnership. This fee covers a portion of the costs associated with reviewing the application and conducting site visits. This fee must accompany the application and is non-refundable. Please make checks payable to “Rx Partnership.” The completed and signed application and fee may be mailed to Rx Partnership at the address below.

Name of Organization _____

**Rx Partnership
Application – Attachment 3**

Certification regarding fraud and other violations of law.

Have any clinic corporate officers or any other clinic personnel who will be responsible for or working with the RxP program ever been convicted of any felony, of violating any drug law or of violating any law related to fraud?

Yes

No

If **yes**, please list the names of the individuals below and attach relevant court documents showing the disposition of the case(s).

Please indicate the number of pages of attached court documents: _____

I attest that the information provided in this Application for Affiliation with Rx Partnership is true and accurate to the best of my knowledge.

Executive Director

Signature: _____

Name (printed): _____

Date: _____