

VPMS Registration Form - Pharmacist

Name: _____ DOB: ____/____/____
(First, Middle, Last, Suffix (Jr., Sr., III))

Highest Degree Obtained: _____

VT State Board License Number: 033. _____ Expiration Date: ____/____/____

License Issue Date: ____/____/____

License First Issuance Date (i.e. First Date Licensed): ____/____/____

Email Address: _____

Primary Place of Practice (Pharmacy Name): _____

Pharmacy Physical Street Address: _____

City: _____ State: _____ Postal Code: _____

Practice Mailing Address (if different from above): _____

City: _____ State: _____ Postal Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Do you have an out of state (non-Vermont) practice? Circle one: Yes / No

Are you a preceptor? Circle one: Yes / No

If yes, what is your VT preceptor license number? _____

Pharmacist Signature: _____

Any person who knowingly discloses confidential information not authorized by 18 V.S.A. § 4284(b), shall be subject to imprisonment for not more than one year or a fine of not more than \$1,000, or both, in addition to any penalties under state or federal law, as provided in 18 V.S.A. § 4284.

Mail the following items to the Vermont Prescription Monitoring System:

- Original VPMS Registration Form - Pharmacist
- Original signed VPMS Privacy Statement (see second page)
- Copy of current Pharmacy DEA Registration Number
- Copy of current State Board License Number

Please allow for the VPMS Registration Form – Pharmacist to be processed within 10 business days.

VPMS Privacy Statement

Statutory Authority:

The Vermont Prescription Monitoring System (VPMS), created by 18 V.S.A Chapter 84A, authorizes the Department to establish an electronic database and reporting system to track the prescribing and dispensing, of Schedule II, III, and IV controlled substances dispensed by a medical practitioner or pharmacy. The purpose of the VPMS is to promote the public health through enhanced opportunities for treatment for and prevention of abuse of controlled substances, without interfering with the legal medical use of those substances.

Access to Information:

18 V.S.A § 4281 authorizes the Vermont Prescription Monitoring System (VPMS) to allow access to persons authorized to prescribe or dispense controlled substances or their registered delegate(s) for the purpose of providing medical or pharmaceutical treatment to a current patient.

Unlawful Disclosure:

Any person who is granted access to the information in the VPMS database and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, or as otherwise expressly authorized by 18 V.S.A. § 4284(b) shall be punishable by imprisonment for not more than one year or a fine of not more than \$1,000.00, or both, in addition to any penalties under federal law. (18 V.S.A. §4284).

I understand that inappropriate access or disclosure of this information is a violation of Vermont law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

Account Agreement:

By signing this agreement I hereby agree to follow the security and password policies of the Vermont Prescription Monitoring System. I agree to not disclose nor misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Pharmacist Signature: _____ Date: ____/____/____

Pharmacist Print Name: _____