Florida Department of Health

APPLICATION FOR COUNTERFEIT-PROOF PRESCRIPTION PAD VENDOR

Effective July 1, 2011, counterfeit-proof prescription pads or blanks must be used by licensed health care practitioners who prescribe controlled substances listed in Chapter 893, Florida Statutes. Section 456.42(2), Florida Statutes, was amended requiring licensed health care practitioners who prescribe controlled substances to purchase counterfeit-proof prescription pads or blanks from vendors approved by the Department of Health (Department).

INSTRUCTIONS: A prospective vendor must submit a complete and legible Counterfeit-Proof Prescription Pad Vendor application to the Department and be approved before the vendor will be added to the Department's approved vendor list located online at http://www.doh.state.fl.us/mqa/counterfeit-proof.html. To complete the application process, sign and date the enclosed application and submit a sample counterfeit-proof prescription blank that meets the specifications required by the Department in Rule 64B-3.005, Florida Administrative Code.

MAIL TO: Department of Health
Division of Medical Quality Assurance
Board of Pharmacy
4052 Bald Cypress Way, Bin C-04
Tallahassee, Florida 32399

EMAIL TO: info@floridapharmacy.gov

If you email your application to the Department, **you are required to mail** a sample counterfeit-proof prescription blank, pad, or a sample of the paper you will use to produce a counterfeit-proof prescription blank or pad to the Department. The sample must meet the specifications required by the Department.

COUNTERFEIT-PROOF PRESCRIPTION PAD
VENDOR APPLICATION

Vendor/Company Name:	
Primary Business Address:	
Authorized Representative and Title:	
Contact Person and Title:	
Federal Tax ID Number:	
Telephone Number:	
E-mail Address:	

We are interested in learning more about your company and how it will support the Department by producing and distributing counterfeit-proof prescription pads or blanks to health care practitioners who prescribe controlled substances. Your responses to the questions asked in the Vendor History and Vendor References sections of this application are optional and for information only, and are not used to determine whether the application is approved.

VENDOR HISTORY: Provide a response to the following questions on a separate document prepared on your letterhead. Restate the question exactly as listed below followed by your response. You should sign and date your prepared response and attach it to the application packet.

1. Provide a brief history of your company, what products it provides, and the clientele your company serves.

2. Provide a brief description of your company's experience, including the number of years it has been in business, the extent of its experience, and the number of years in producing and distributing fraud-resistant secure documents, and specifics about its experience in producing and distributing counterfeit-proof prescription blanks or pads.

3. Describe in detail your company's operational processes and safeguards for manufacturing a counterfeit-proof prescription blank or pad and describe the security features of your facility. Include, but do not necessarily limit the description to:

    a. Receiving a prescription blank or pad order.
    b. Verifying the prescription blank or pad order is from an authorized licensed healthcare practitioner.
    c. Accurately producing the prescription blank order including meeting program specifications.
    d. Maintaining the security of the produced prescription blank order prior to shipment.
    e. Verifying and shipping the prescription blank order to the licensed healthcare practitioner or healthcare facility's approved address.
    f. Tracking and verifying receipt of the prescription blank or pad order by an approved healthcare practitioner.
    g. Recalling and/or voiding a prescription blank order.
    h. Destroying unused blanks and other destruction procedures.

4. Describe the methodology your company will use to comply with the record keeping requirements for tracking orders, production data, delivery and receipt, recalls, producing reports, and storage of records.

VENDOR REFERENCES: Provide at least three references for your company's experience with production of fraud-resistant secure documents and/or counterfeit-proof prescription blanks or pads. For each reference, provide the name and address of the company, the name and title of the contact person, and that person's telephone number.

Company Name	Company Address	Contact Person Name/Title	Contact Person Telephone Number

VENDOR/COMPANY SIGNATURE:

I state that I am the person representing the company referred to in the application to become an approved counterfeit-proof prescription pad vendor for the Florida Department of Health.

I state that these statements are true and correct. I recognize that providing false information may result in the Department rescinding the approval of the company to produce counterfeit-proof prescription pads or blanks as described in Sections 893.065 and 456.42(2), Florida Statutes.

_____
VENDOR /COMPANY NAME

_____ _____
VENDOR/AUTHORIZED REPRESENTATIVE SIGNATURE DATE