



COMMONWEALTH OF VIRGINIA

Virginia Department of Health Professions Prescription Monitoring Program

9960 Mayland Drive,
Suite 300
Richmond, VA 23233
Phone: (804) 367-4514
Fax: (804) 527-4470
pmp@dhp.virginia.gov

Software Vendor: Appriss
Contact Information:
Phone: 1-855-482-4767

Ticket Request: <https://apprissmpclearinghouse.zendesk.com/hc/en-us/requests/new>
Prescription upload web site: <https://pmpclearinghouse.net>

ACCOUNT DEVELOPMENT FORM FOR REPORTING TO VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Print or Type)

Facility Name:		Manager Full Name:	
Days Facility Closed (if any) Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> N/A <input type="checkbox"/>			
Street Address:		City:	State:
Zip Code:		Work Area Code and Telephone Number:	
Email Address:			
Pharmacy, Dentist, Physician or Veterinarian License Number:		DEA Number:	NPI or NCPDP Number (if available):
Point Of Contact (POC) and VIC Full Name:		POC Email Address:	POC Work Phone:
POC Signature: _____		Date: _____	

VETERINARIANS ONLY

Please select the appropriate checkbox.

Reporting as an establishment (please attach waivers)

Name(s)/License Number(s) of Veterinarian(s):

Reporting as a sole practitioner.

For Department Use Only

Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Director or Designee Signature:	Date Completed:
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