



Suspicious Ordering Monitoring Questionnaire

VistaPharm's Suspicious Order Monitoring Program customer questionnaire is an integral part of our SOM Program. Please complete the questionnaire in its entirety and submit. Failure to submit a completed questionnaire may result in delayed shipments.

General Information

Company Name:

Address:

City / Town:

State:

Zip / Postal Code:

Country:

Email Address:

Phone Number:

If suspicious ordering is suspected, please list two individuals we can contact.

Primary Contact

Secondary Contact

Name:

Name:

Title:

Title:

Email Address:

Email Address:

Phone Number:

Phone Number:

Are you currently accredited by Joint Commission, CARF, or another SAMHSA approved accreditation body?

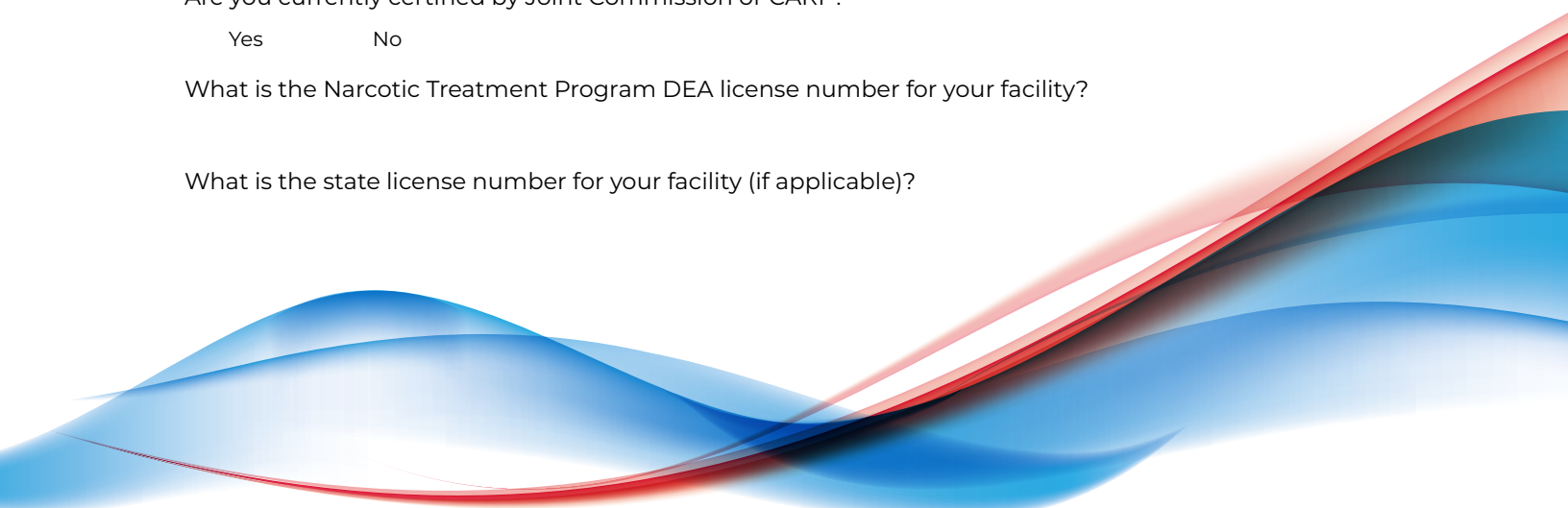
Yes No

Are you currently certified by Joint Commission or CARF?

Yes No

What is the Narcotic Treatment Program DEA license number for your facility?

What is the state license number for your facility (if applicable)?





Suspicious Ordering Monitoring Questionnaire (continued)

Please provide the name and license number of the pharmacist in charge (if applicable).

Please provide the name and license number of the medical director or physician in charge.

If OTP is new in the past 12 months, was it owned by another individual?

Yes No

If yes, please provide additional information.

Does the owner operate/own any other OTPs?

Yes No

(If yes, please provide DEA numbers and State license numbers)

To your knowledge, is registrant or any practitioner/employee currently under investigation by any licensing authority, including the DEA?

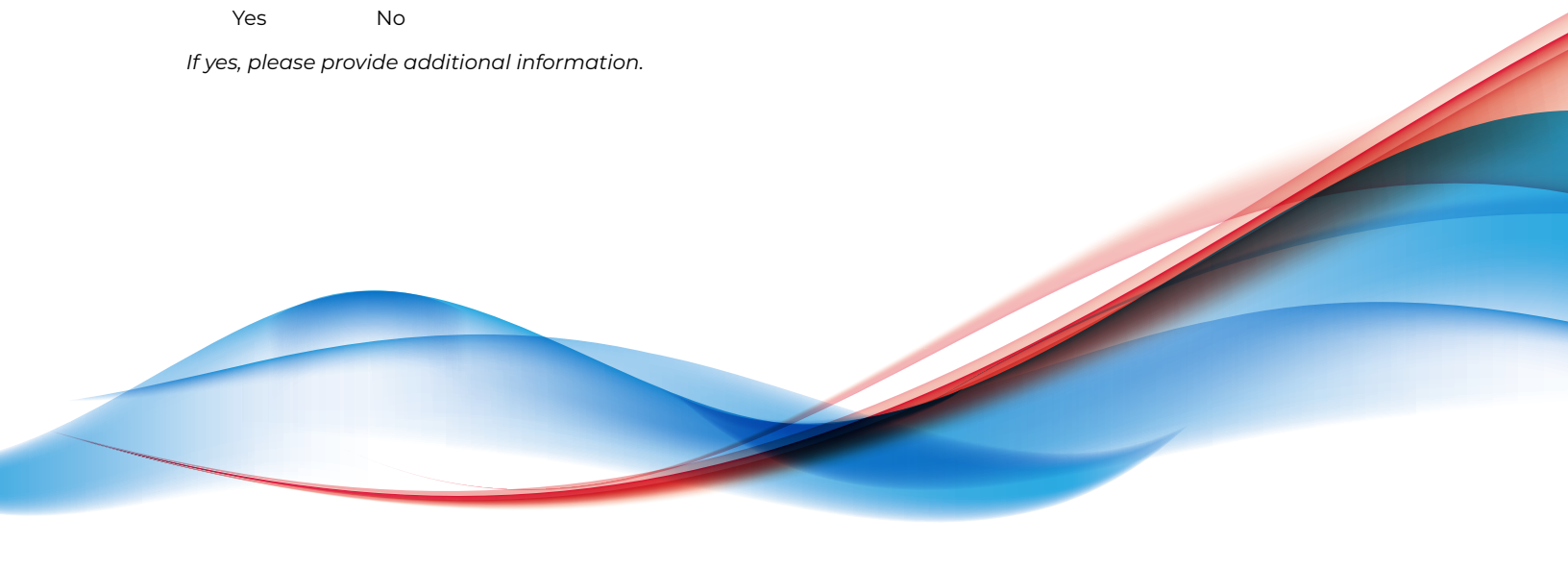
Yes No

If yes, please provide additional information.

Has the registrant or any practitioner/employee had a license or registration denied, revoked, or suspended by any licensing authority, including DEA, or been the subject of administrative action (including consent agreement, memorandum of agreement, memorandum of understanding, order to show cause, or immediate suspension order) by any such authority?

Yes No

If yes, please provide additional information.





Suspicious Ordering Monitoring Questionnaire (continued)

Please provide the names of all pharmaceutical wholesale drug distributors that you have used in the past 12 months and the percentage of controlled drugs you intend to continue to purchase from each distributor.

Were you ever cut off from doing business with any pharmaceutical wholesale distributor/manufacturer?

Yes No

If yes, please provide additional information.

Do you perform regular background checks on the employees that handle controlled substances?

Yes No

The acceptance of delivery of narcotic substances by a narcotic treatment program shall be made only by a licensed practitioner employed at the facility or other authorized individuals designated in writing. At the time of delivery, the licensed practitioner or other authorized individual designated, in writing, excluding persons currently or previously dependent on narcotic drugs, shall sign for the narcotics and place his specific title (if any) on any invoice (including packing slip or official DEA records). Please attach a current list of those personnel that are authorized, in writing, to receive and secure the narcotic substances to be kept on file in VistaPharm's records. **OTP is responsible for ensuring that VistaPharm is provided updated lists of authorized personnel as changes/turn-over occur.**

Printed name:

Title:

Date:

Signature:

