

Before you apply for the GPhC's voluntary internet pharmacy logo you must have been issued a mandatory EU Common logo from the Medicines and Healthcare Regulatory Agency (MHRA).

Important: The website on which you want to display the logo must be live on the internet in order for us to issue the logo. Your application will be rejected if we cannot check your website first.

1. Pharmacy details

1.1. I am the: pharmacy owner superintendent pharmacist (Please tick one)

1.2. If you are the superintendent pharmacist, tell us the name, address, and GPhC owner number of the body corporate you are applying on behalf of:

1.3. The GPhC registration number Registration number of pharmacy owner or superintendent pharmacist

1.4. Contact email address

1.5. Contact telephone number

1.6. Address of registered pharmacy which operates or is associated with the website named in question 1.8, and from which medicines are sold or supplied on the internet

1.7. Pharmacy GPhC registration number

1.8. Website URL

2. Website content

2.1. Does the website display the EU common logo issued by the MHRA?

Yes No

2.2. Is the name of the owner of the business, and the address of the pharmacy from which medicines are sold or supplied, clearly shown on the website?

Yes No

2.3. Is the name of the sole trader/superintendent pharmacist and their registration number clearly shown on the website?

Yes No

2.4. Is there information displayed on the website about how to confirm the registration status of the pharmacy and the pharmacist?

Yes No

2.5. Are the details of your complaints procedure available?

Yes No

3. Security and confidentiality

3.1. Are systems in place to protect and maintain data integrity?

Yes No N/A

4. Supplying medicines

4.1. Please select which of the following you sell or supply on the internet:

Non-prescription medicines	<input type="checkbox"/>	Prescription only medicines	<input type="checkbox"/>
Controlled drugs	<input type="checkbox"/>	Medicines to overseas patients	<input type="checkbox"/>

Please notify a GPhC inspector if there are any changes to the medicines as listed above that you sell or supply on the internet.

5. Declaration

I confirm that:

- 5.1 I am the above named person, that the information I have provided is accurate, and that the website complies with the conditions for use of the GPhC Voluntary Internet Pharmacy logo, and the GPhC's standards and relevant guidance documents.
- 5.2 if requested by the GPhC, I will remove the Voluntary Internet Pharmacy Logo from my website.
- 5.3 I understand that the provision of false, inaccurate or misleading information could result in an allegation of misconduct made against me or the owner of the business.

Signature

Date

Charge this card with the sum of

£	5	0	.	0	0
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Please indicate whether you are paying by

Debit card Credit card

Type of card *(Please tick one)*

MasterCard Visa

Card number

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(insert the exact amount of digits in your card number only)

CSC number

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(The last 3 digits on the back of the card)

Valid From Date

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Expiry Date

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Name of cardholder

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The name exactly as it appears on the debit or credit card

Address of cardholder

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Postcode

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Signature

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To be signed by the cardholder

Date (dd/mm/yy)

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