



# Healthcare Distribution Alliance: Verification Router Service Provider Network (VRS PN) Membership Application Form

The Verification Router Service Provider Network (VRS PN) is a Healthcare Distribution Alliance (HDA) service offering that provides a forum for the pharmaceutical supply chain industry's thought leaders on technology-based solutions and innovation to network with peers and regulatory officials, participate in meetings and exchange information that advances ongoing interoperability for DSCSA compliance.

VRS PN is a separate and distinct offering within the HDA. VRS PN member companies that are not also members of HDA in other membership categories are not afforded access to the full range of HDA member benefits. Examples of exclusions include attendance to HDA's Business and Leadership Conference, access to non-VRS PN committees and other HDA-specific programs and services.

## INSTRUCTIONS

- 1 Complete each question on the application form. Please type or print clearly and make a copy for your records.
- 2 VRS PN reserves the right to request additional information as needed.
- 3 **You will be billed for your membership dues once your application has been approved. Dues are payable by January 31 each year.**
- 4 The completed application should be returned to HDA at:

**Email:** Dues@hda.org

**Fax:** (202) 831-0969

**Mail:** HDA

Attn: Accounts Receivable

1275 Pennsylvania Avenue NW, Suite 600

Washington, DC 20004

**ACH:** Contact Dues@hda.org or (202) 964-6667 for transfer details.

**Application processing takes an average of 15 business days from the date received.**

For further information or assistance regarding membership, contact  
Jaidalyn Rand, Director, Industry Relations, at (202) 935-6406 or jrand@hda.org or  
Lisa Kanfer, VP, Membership and Development, at (202) 964-6066 or lkanfer@hda.org.



Please indicate the value-added services you provide to your customers. The data you report will be used in the online resource guide.

- |                                                          |                                                              |                                                      |
|----------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Accounts Payable/Receivable     | <input type="checkbox"/> Market Research                     | <input type="checkbox"/> Return Software Licensing   |
| <input type="checkbox"/> Advertising Agency              | <input type="checkbox"/> Materials Handling                  | <input type="checkbox"/> Returns Processing          |
| <input type="checkbox"/> Barcoding Products              | <input type="checkbox"/> New Product Introduction            | <input type="checkbox"/> Rx Information              |
| <input type="checkbox"/> Chargebacks                     | <input type="checkbox"/> Operations                          | <input type="checkbox"/> Sales and Marketing         |
| <input type="checkbox"/> Cold Chain                      | <input type="checkbox"/> Pharmaceutical Repackaging          | <input type="checkbox"/> Security Services/Equipment |
| <input type="checkbox"/> Construction Services           | <input type="checkbox"/> Pharmaceutical Reverse Distribution | <input type="checkbox"/> Shipping                    |
| <input type="checkbox"/> Contract Administration         | <input type="checkbox"/> Pharmaceutical Reverse Logistics    | <input type="checkbox"/> Supply Chain Data Analytics |
| <input type="checkbox"/> Controlled Substance Monitoring | <input type="checkbox"/> Pharmacy Dispensing System          | <input type="checkbox"/> Systems Hardware            |
| <input type="checkbox"/> Credit Management               | <input type="checkbox"/> Pharmacy Management Services        | <input type="checkbox"/> Systems Networks            |
| <input type="checkbox"/> CSOS                            | <input type="checkbox"/> Planograms                          | <input type="checkbox"/> Systems Software            |
| <input type="checkbox"/> Customer Service                | <input type="checkbox"/> Point of Sale Services              | <input type="checkbox"/> Telemarketing               |
| <input type="checkbox"/> Data Analysis/Management        | <input type="checkbox"/> POS Scanning Service                | <input type="checkbox"/> Third Party Logistics       |
| <input type="checkbox"/> Design/Build                    | <input type="checkbox"/> Price Change Notifications          | <input type="checkbox"/> Third Party Receivables     |
| <input type="checkbox"/> Electronic Data Interchange     | <input type="checkbox"/> Product Management                  | <input type="checkbox"/> Time Temperature Indicators |
| <input type="checkbox"/> Emergency Preparedness          | <input type="checkbox"/> Promotional Goods                   | <input type="checkbox"/> Traceability                |
| <input type="checkbox"/> Enterprise Resource Planning    | <input type="checkbox"/> Promotions                          | <input type="checkbox"/> Trade Press                 |
| <input type="checkbox"/> e-Pedigree                      | <input type="checkbox"/> Public Relations                    | <input type="checkbox"/> Trade Relations             |
| <input type="checkbox"/> Financial Services              | <input type="checkbox"/> Purchasing                          | <input type="checkbox"/> Training                    |
| <input type="checkbox"/> Human Resources Services        | <input type="checkbox"/> Recalls/Withdrawals                 | <input type="checkbox"/> Transportation              |
| <input type="checkbox"/> International Distribution      | <input type="checkbox"/> Receiving                           | <input type="checkbox"/> Voluntary Crop Group        |
| <input type="checkbox"/> Inventory Services              | <input type="checkbox"/> Regulatory/Compliance               | <input type="checkbox"/> Warehouse Design            |
| <input type="checkbox"/> Kitting                         | <input type="checkbox"/> Regulatory – Federal                | <input type="checkbox"/> Warehouse Management        |
| <input type="checkbox"/> Legislative                     | <input type="checkbox"/> Regulatory – State                  | <input type="checkbox"/> Warehouse Systems           |
| <input type="checkbox"/> Logistics                       | <input type="checkbox"/> Regulatory – Local                  | <input type="checkbox"/> Other Services:             |
| <input type="checkbox"/> Management Consultant           | <input type="checkbox"/> Repackaging                         | <hr/>                                                |



## Membership Categories

### FULL MEMBERS:

\$10,000 for existing HDA Service Provider Members; \$12,500 for non-HDA Service Provider Members.

Full Members include business entities that have an interoperable VRS solution or related interoperable solution. Full membership is reserved for active VRS Provider Network Participants who have completed interoperability testing and have committed to ongoing interoperability. These members have a VRS product.

### AFFILIATE MEMBERS:

\$3,000 for existing HDA Service Provider Members; \$5,000 for non-HDA Service Provider Members.

Affiliate Members are business entities that have an interoperable VRS solution or related interoperable solution or a business entity that is aspiring to developing a VRS solution, product or related interoperable solution for DSCSA compliance.

### I AM APPLYING FOR THE FOLLOWING MEMBERSHIP CATEGORY:

☐ FULL MEMBER

☐ AFFILIATE MEMBER

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### APPLICANT INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Profile\* (35–200 words): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*HDA reserves the right to edit as necessary.*

**KEY CONTACT:**

(The key contact will be the recipient of all VRS PN membership information, including dues invoices.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Key Contact's Preferred Mailing Address (to be listed in member directory):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (company domain email address): \_\_\_\_\_

Phone (to be listed in member directory): \_\_\_\_\_

**CERTIFICATION/MISSION**

The company certifies that its responses contained herein are accurate, and by submitting this application, agrees to provide to HDA any additional information necessary to assure the accuracy of its responses.

**VRS Provider Network Mission Statement:**

**The mission of the VRS Provider Network is to provide the structure for the maintenance of interoperability across the VRS Provider Network participants in coordination with the industry stakeholders to support FDA and other industry requirements pertaining to the DSCSA.**

I have read the above mission statement and wish to promote those objectives.

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:**

Amount: \_\_\_\_\_

☐ Full Member ☐ Affiliate Member

Please charge my: ☐ Mastercard ☐ Visa ☐ American Express ☐ Check # \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

**Checks may be made payable to HDA. Mail checks to:**

HDA  
Attn: VRS PN Membership  
1275 Pennsylvania Avenue NW, Suite 600  
Washington, DC 20004

Payments to HDA or its VRS PN division are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Tax ID #13-1088150.