COUNCIL ON PHARMACY STANDARDS

Bulk Verification Request

Primary Source Verification Form

Instructions for Submission

Please complete all fields in the "Requester Information" section. In the table below, list each individual whose certification status requires verification. Submit the completed form via the secure upload portal on our website or as directed by your CPS contact. Please allow 3-5 business days for processing.

Requester Information

Requesting Organization Name

Contact Person Full Name

Contact Email Address

Contact Phone Number

Individuals to be Verified

No.	Full Name of Certified Individual (as it appears on certificate)	Certification ID Number	For CPS Use Only: Verification Status
1			
2			
3			
4			
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10			
11			
12			
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14			
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No.	Full Name of Certified Individual (as it appears on certificate)	Certification ID Number	For CPS Use Only: Verification Status
21			
22			
23			
24			
25			

If more space is needed, please duplicate this page.

By signing below, I attest that this request is made for a legitimate, professional purpose (e.g., employment, credentialing, privileging) and that I am an authorized representative of the organization listed above.

Signature of Authorized Representative

Date