



## R&S Northeast – CMAPP Application Guide

Welcome! This guide walks you through completing the CMAPP application so you can begin ordering from **R&S Northeast**. Most customers finish in **20–30 minutes**.

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### Before You Start (Helpful Checklist)

Have these items ready to save time:

- Pharmacy name, address & contact info
- GLN & SGLN
- Copy of your state pharmacy license
- ACH Banking Information / Tax ID / FEIN - Desired credit amount
- If you would like to purchase controls:
  - DEA license
  - DEA Questionnaire
  - 90-Day Dispensary Report (DUR)
  - Interior/Exterior Pictures of Pharmacy
    - Interior:
      - Safe/Vault/Controlled substance storage area
      - Interior of pharmacy
      - Interior of patient area/reception/waiting areas
      - If answered yes to #18, area where sundries are displayed
    - Exterior:
      - Front door
      - Signage including hours
      - Exterior signage

If you need assistance, click the **Help** icon located on the bottom left of your screen or contact your Account Manager or Customer Service at [customerservice@rsnortheast.com](mailto:customerservice@rsnortheast.com).

## Step 1: Create Your CMAPP Login

[Sign up: https://signup.rsnortheast.com/signup](https://signup.rsnortheast.com/signup)

[Returning users: https://signup.rsnortheast.com/login](https://signup.rsnortheast.com/login)

**Important notes:** This login is **only for the CMAPP application**, not ordering. You may save and return at any time.

Once logged in, you'll see all modules listed on the **left-hand side**.

Blue icon = complete

Red icon = action needed

## Step 2: General Information

- Enter company name and **billing address**
- Fields marked with \* are required
- Click **Next**, then **Continue**

**Application Form**

I would like to Become a Customer

Status: Pending

**General Information**

Required information is marked with an asterisk. (\*)

Account Name *	Date Business Established *	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Are you an Animal Health Customer?		
<b>BILL TO</b>		
Address line 1 *	Address line 2	
<input type="text"/>	<input type="text"/>	
City *	State *	Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
GLN	<input type="text"/> ⓘ SGLN *	
EX: 0350268.668515.10207209		
Sales Representative		
<input type="checkbox"/> Sales Rep		

**Downloadable Forms**

1. Form

- General
- Shipping Address
- Contact
- Finance
- GPO

2. Documents

3. Send

Send New Request

**R&S**  
PHARMACEUTICAL  
WHOLESALE

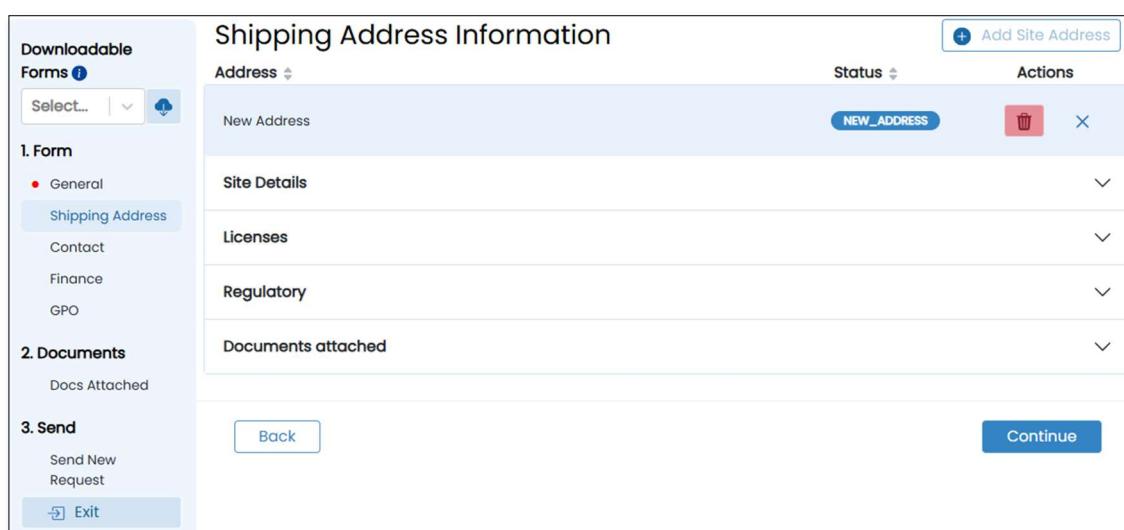
## Step 3: Shipping Address Module

1. Click “Add Site Address” (top-right, under R&S logo)

2. Click the  icon to edit the site information

3. Use the ▼ arrows to open each section

 **Tip:** Click **Save Changes** after completing each tab.



### Site Details Tab

- a. If your shipping is the same as billing, check Use billing address as default site address. All fields marked with an (\*) are required - do not use N/A.
  - **SGLN: Serialized Global Location Number** - This is a unique identifier to a physical location. For assistance, go to [www.gs1us.org](http://www.gs1us.org).

### Licenses Tab

 **Tip:** Download, complete, and upload the required forms and questionnaires in this section to continue your application. You can find the forms on the left panel.

#### How to Enter License Information

1. **Business Name** – Enter the business name listed on the state pharmacy license. If using an individual’s license rather than a facility license, please enter the individual’s name
2. **Person on License** – The individual (pharmacist) who has earned and maintains their professional license to dispense medications
3. **License Holder** – The owner or legal entity (individual, corporation, etc.) that holds the permit (or license) to operate the physical pharmacy location
4. **License Address** – Enter the address listed on the facility’s state license. If no address is listed, please enter the address that the license covers
5. **License Holder Name** – Enter the full name of the person authorized to use the medical license on behalf of the licensed facility or individual
6. **Signature** – Enter License Holder’s full name
7. **Signature Date** – Enter today’s date

## Regulatory Tab (Complete if buying CII-CV)

Only complete this section if you **want to be considered** for purchasing controlled substances. You can add this process later if needed.

Required Documents:

- **DEA License**
- **Completed DEA Questionnaire (PDF)**
- **90-Day Dispensary Template (Excel)**: All fields must be included
- **Prescriber/Pharmacy Agreement** (if ordering Mifepristone only)
- **Animal Health Questionnaire** (Veterinary Medicine Only)

## Documents Attached

Upload any additional documentation required for your site.

 **Tip:** Acceptable file types: PDF, JPEG, PNG, .xlsx for DUR)

Regulatory

Documents required for Controlled Substances

In this case you must provide:

1. DEA Registration (for each Ship-to address)
2. DEA Questionnaire File (per Ship to address)
  - Copy of last State inspection
  - Copy of last Federal inspection
  - Up to three photos of the facility showing:
    - The entryway of the site preferably with the business sign visible
    - The interior of the site
    - The controlled substance storage area (safe)
  - A 90 Day Dispensary worksheet (aka: DUR), if available.
3. State License (per Ship to address)

Purchasing Controlled Substances

**DEA Registration Number**  
EX: ABI234567 or A12345678

**State License Number \***

**DEA Expiration Date**

**State License Expiry Date \***

**DEA LICENSE \***  
150 MB max upload size

**DEA QUESTIONNAIRE \***  
150 MB max upload size

**90 DAY DISPENSARY \***  
150 MB max upload size

**SITE MISC DOCUMENTS / FILES**

**FACILITY PHOTOS**

## Step 4: Contact Information

Please provide:

- **Accounts Payable Contact** Will receive invoices and statements
- **Buyer Contact** Will be set up for online ordering

 **Tip:** Enter only numerical digits for phone numbers (no dashes)

 Click **Next**

**Contact Information**

**Accounts Payable Contact**

First Name *	Last Name *	Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Type *	Area Code *	Phone Number *
<input type="text" value="Mobile"/>	<input type="text"/>	<input type="text"/>

**Buyer information**

First Name *	Last Name *	Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Type *	Area Code *	Phone Number *
<input type="text" value="Mobile"/>	<input type="text"/>	<input type="text"/>

**Downloadable Forms** 

**1. Form**

- General
- Shipping Address
- **Contact**

Finance  
GPO

**2. Documents**

Docs Attached

**3. Send**

Send New Request

**Add Number** 

**Add Number** 

## Step 8: Finance Module

- Select preferred payment method
  - **Establish Line of Credit:** Complete the information to request a line of credit
    - **Payment method:** Check (ACH/Wire available later)
    - **Credit amount requested:** Required (Requests over \$99,000 will require additional documentation)
  - **Prepaid Customer:** Customer will pay by Credit Card

 **Tip:** Enter only numerical digits for credit amount request (no commas)

 Click **Save**

## Step 9: GPO Module

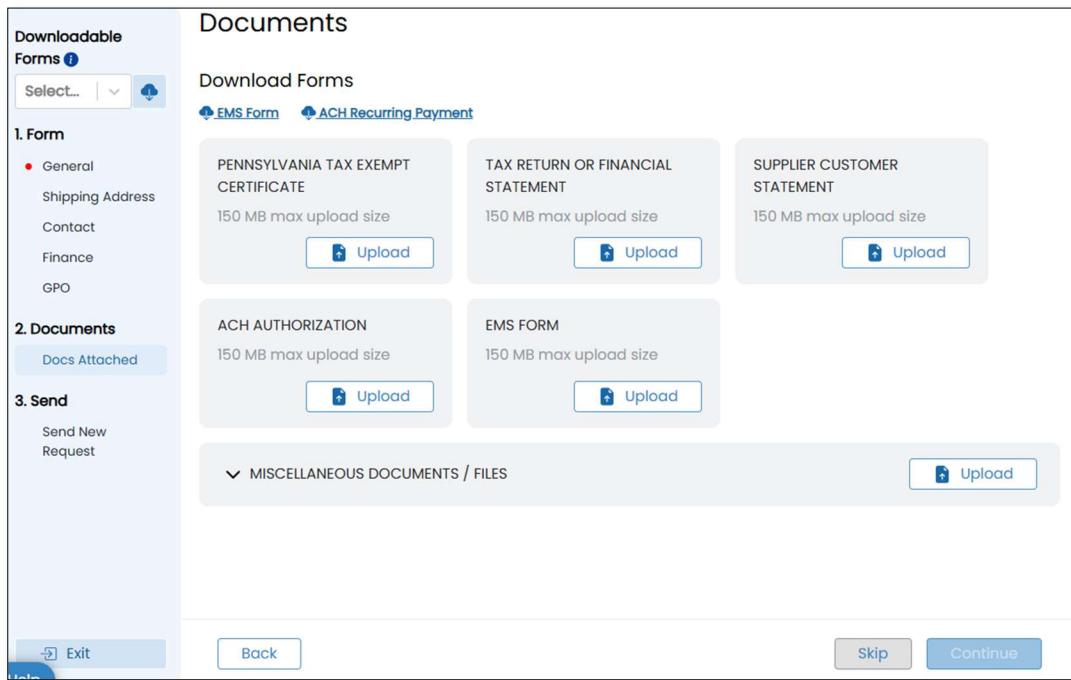
Enter any Group Purchasing Organization that you are working with and would like to be considered when purchasing.

 Click **Next**

## 📁 Step 10: Documents Module

Review uploaded documents and upload any additional documents you would like to include with your application. If no other documents are needed, click Skip.

- ➡ Click **Continue**



Documents

Download Forms

↳ EMS Form ↳ ACH Recurring Payment

1. Form

- General
- Shipping Address
- Contact
- Finance
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2. Documents

Docs Attached

3. Send

Send New Request

PENNSYLVANIA TAX EXEMPT CERTIFICATE  
150 MB max upload size

TAX RETURN OR FINANCIAL STATEMENT  
150 MB max upload size

SUPPLIER CUSTOMER STATEMENT  
150 MB max upload size

ACH AUTHORIZATION  
150 MB max upload size

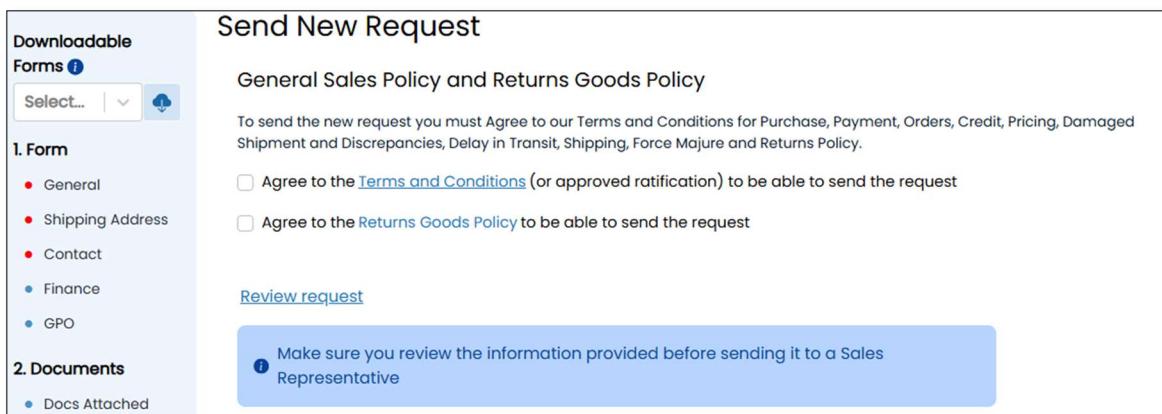
EMS FORM  
150 MB max upload size

▼ MISCELLANEOUS DOCUMENTS / FILES

Exit Back Skip Continue

## 📄 Step 11: Review Policies

- Review policies and check both agreement boxes to continue
- Review any missing required fields



Send New Request

General Sales Policy and Returns Goods Policy

To send the new request you must Agree to our Terms and Conditions for Purchase, Payment, Orders, Credit, Pricing, Damaged Shipment and Discrepancies, Delay in Transit, Shipping, Force Majeure and Returns Policy.

Agree to the [Terms and Conditions](#) (or approved ratification) to be able to send the request

Agree to the [Returns Goods Policy](#) to be able to send the request

[Review request](#)

Make sure you review the information provided before sending it to a Sales Representative

## 📝 Step 12: Submit for Review

- Click **Send to Sales Rep for Review**
- Approval typically takes **up to 3-5 business days**. Your Account Manager will contact you soon.