



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**.




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.


Step 1: Create Your CMAPP Login


 **Sign up:** <https://signup.rsneortheast.com/signup>

 **Returning users:** <https://signup.rsneortheast.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



Downloadable Forms

Select...

1. Form

General

Shipping Address

Contact

Finance

GPO

2. Documents

Docs Attached

3. Send

Send New Request

General Information

Required information is marked with an asterisk. (*)

Account Name *

Date Business Established *

Are you an Animal Health Customer?

BILL TO

Address line 1 *

Address line 2

City *

State *

Zip Code *


GLN

SGLN *

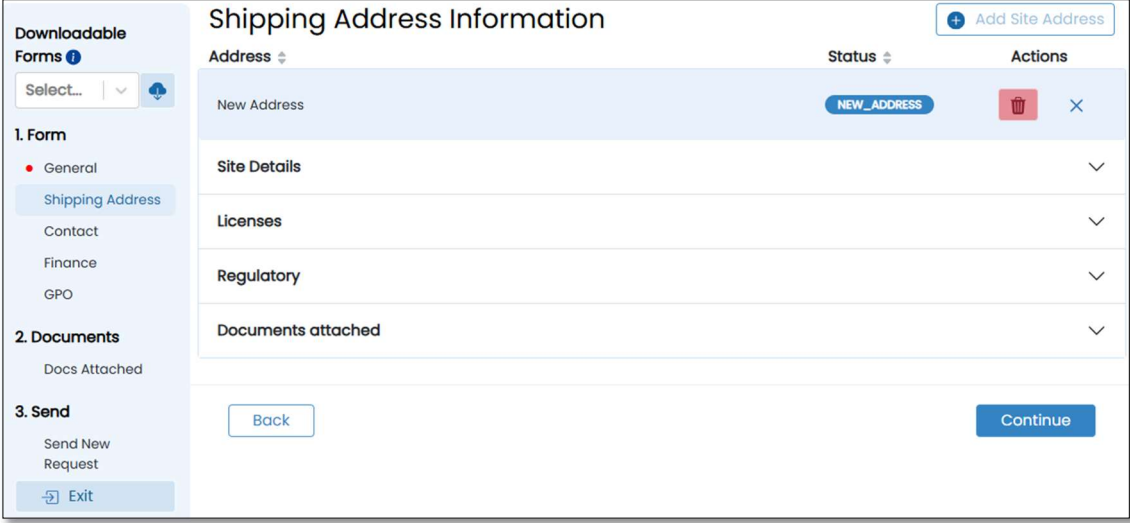
Sales Representative

Sales Rep

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.




The screenshot shows the 'Shipping Address Information' form. On the left, there's a sidebar with 'Downloadable Forms' and a list of sections: '1. Form' (General, Shipping Address, Contact, Finance, GPO), '2. Documents' (Docs Attached), and '3. Send' (Send New Request, Exit). The main area is titled 'Shipping Address Information' and has a '+ Add Site Address' button. Below this is a table with columns 'Address', 'Status', and 'Actions'. The first row is 'New Address' with a 'NEW_ADDRESS' button and a trash icon. Below the table are sections for 'Site Details', 'Licenses', 'Regulatory', and 'Documents attached', each with a dropdown arrow. At the bottom are 'Back' and 'Continue' buttons.

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.

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)

Copy of A 90 Day Dispensary worksheet (aka: DUR), if available.

3. State License (per Ship to address)

Downloadable Forms & Questionnaire

DEA Questionnaire

Animal Health Questionnaire

90 Day Dispensary Template

Prescriber Agreement

Pharmacy Agreement

Purchasing Controlled Substances ☐

DEA Registration Number

EX: AB1234567 or A12345678

DEA Expiration Date

State License Number *

State License Expiry Date *

DEA LICENSE *

150 MB max upload size

Upload

DEA QUESTIONNAIRE *

150 MB max upload size

Upload

90 DAY DISPENSARY *

150 MB max upload size

Upload

SITE MISC DOCUMENTS / FILES

Upload

FACILITY PHOTOS

Upload

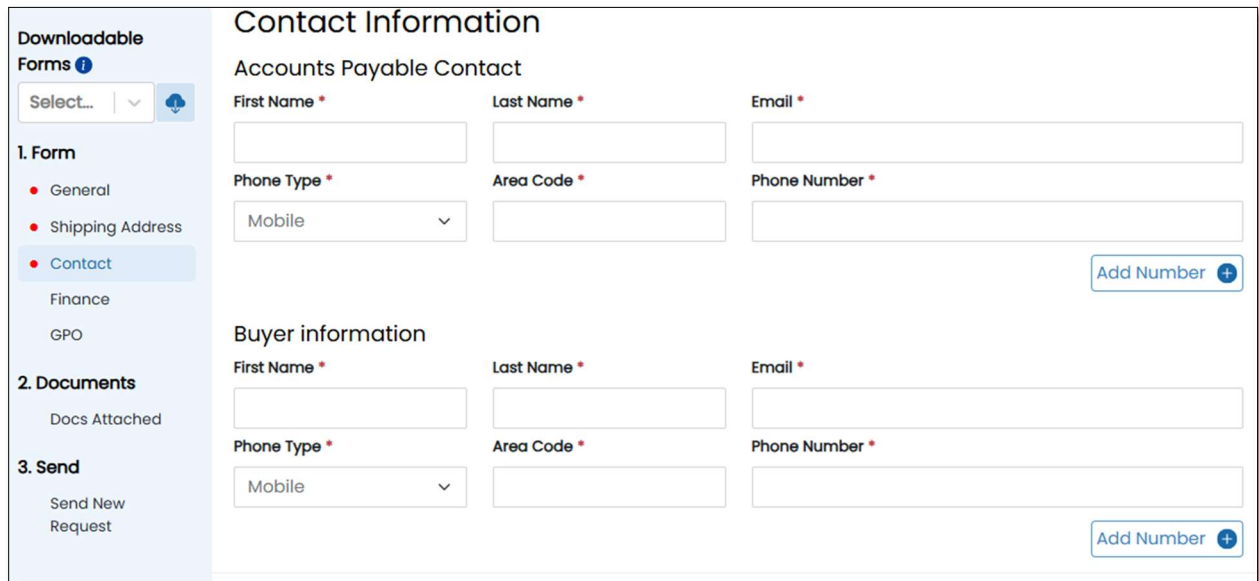
Step 4: Contact Information

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**



The screenshot shows a web form titled "Contact Information". On the left is a sidebar with "Downloadable Forms" and a "Select..." dropdown. Below this are three sections: "1. Form" (with sub-items: General, Shipping Address, Contact, Finance, GPO), "2. Documents" (with "Docs Attached"), and "3. Send" (with "Send New Request"). The main form area is divided into two sections: "Accounts Payable Contact" and "Buyer information". Each section has three rows of input fields: "First Name", "Last Name", and "Email" in the first row; "Phone Type" (a dropdown menu with "Mobile" selected), "Area Code", and "Phone Number" in the second row. To the right of the "Phone Number" field in each section is a blue button labeled "Add Number" with a plus icon. The form is set against a light blue background.

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

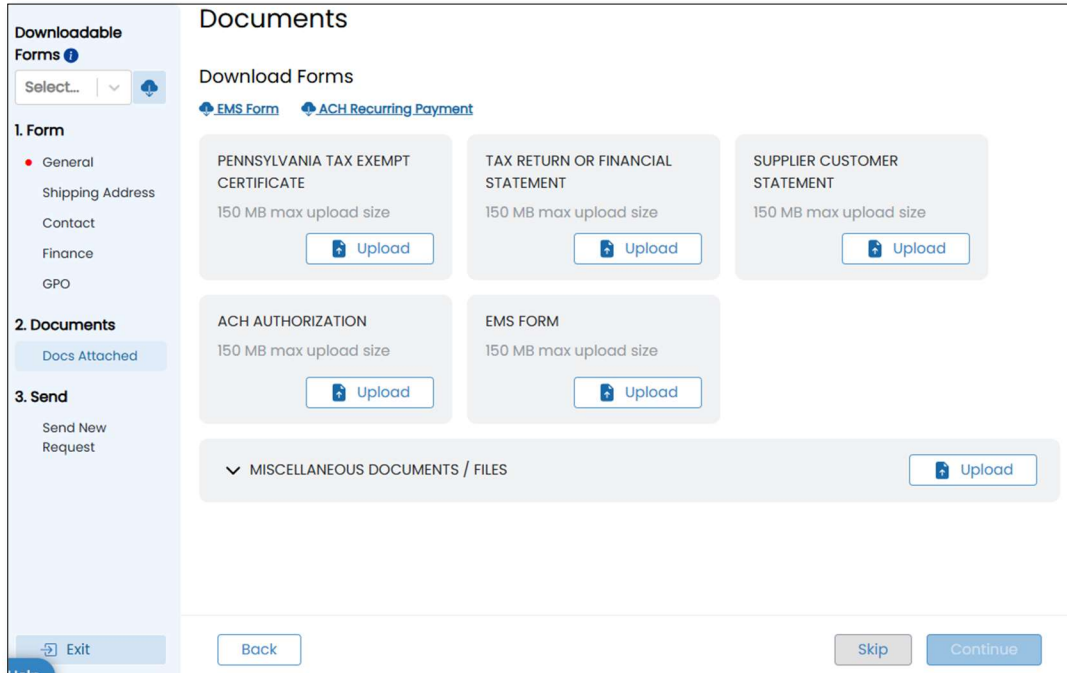
Enter any Group Purchasing Organization that you are working with and would like to be considered when purchasing.

 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.

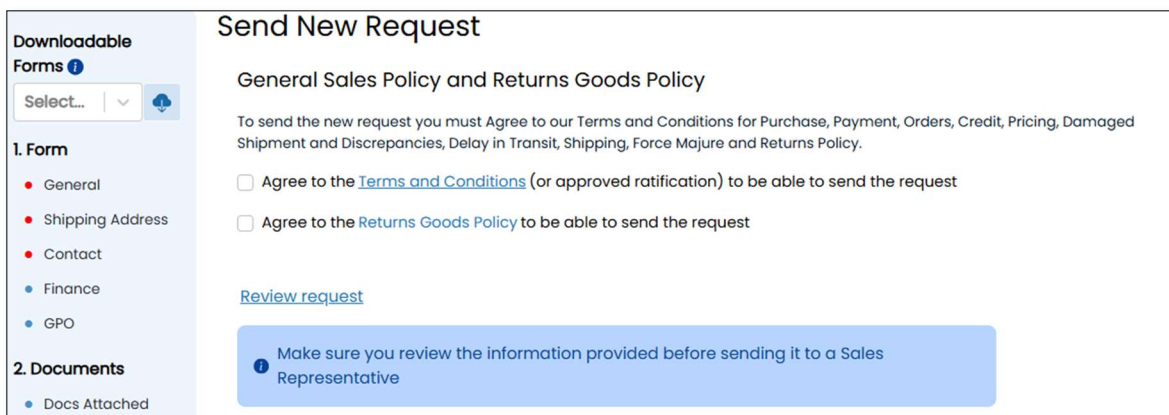
 Click **Continue**



The screenshot shows the 'Documents' module interface. On the left is a sidebar with 'Downloadable Forms' and a list of sections: 1. Form (General, Shipping Address, Contact, Finance, GPO), 2. Documents (Docs Attached), and 3. Send (Send New Request). The main area is titled 'Documents' and contains a 'Download Forms' section with links for 'EMS Form' and 'ACH Recurring Payment'. Below this are five document upload boxes: 'PENNSYLVANIA TAX EXEMPT CERTIFICATE', 'TAX RETURN OR FINANCIAL STATEMENT', 'SUPPLIER CUSTOMER STATEMENT', 'ACH AUTHORIZATION', and 'EMS FORM', each with a 150 MB max upload size and an 'Upload' button. At the bottom is a 'MISCELLANEOUS DOCUMENTS / FILES' section with an 'Upload' button. At the very bottom are 'Exit', 'Back', 'Skip', and 'Continue' buttons.

Step 11: Review Policies

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



The screenshot shows the 'Send New Request' interface. The sidebar is identical to the previous screen. The main area is titled 'Send New Request' and contains the heading 'General Sales Policy and Returns Goods Policy'. Below this is a paragraph stating: '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 Majure and Returns Policy.' There are two checkboxes: 'Agree to the Terms and Conditions (or approved ratification) to be able to send the request' and 'Agree to the Returns Goods Policy to be able to send the request'. A 'Review request' link is present. At the bottom, a blue box contains an information icon and the text: '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.