

**Supplemental Information Form
Retail or Institutional Drug Outlet**

**Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, Oregon 97232**

Please complete BOTH columns of this required form and return with your renewal form. This form will be used to update your file.

Business Name: _____

Physical Location Address: _____

City, State, Zip _____

IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?

____ YES ____ NO (If no, please complete mailing address below)

Mailing Address: _____

City, State, Zip: _____

License Number: _____

DEA Number: _____

Phone / Fax Number: _____

Federal Tax ID Number: _____

Contact Person: _____

Contact Number: _____

Contact E-mail: _____

**Please Check All
That Apply**

Community Pharmacy Chain or _____

Community Pharmacy Independent _____

LTC _____ Nuclear _____ Hospital _____

Mail Order _____ Compounding _____ Consulting _____

Other _____

PLEASE FILL IN THE APPROPRIATE INFORMATION UNDER ITEM 1, 2 OR 3, RELATING TO OWNERSHIP.

1 Individual Owner, Trustee or Receiver:

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

2 Partnership - List Name - Address of all Partners: (Attach a separate sheet if more space is needed.)

Name _____

Address: _____

3 Corporation or LLC: (List name & address of President and Vice President or Member(s).

(Please list Inc., Corp., LLC, etc.)

Corporate or LLC Name: _____

Address: _____

President: _____

Vice President: _____

Member(s): _____

State in which Incorporated: _____

PHARMACIST-IN-CHARGE
Retail and Institutional

855-041-0020 Personnel

- (1) Each pharmacy must have one pharmacist-in-charge employed on a regular basis at that location who shall be responsible for the daily operation of the pharmacy. The pharmacist-in-charge shall be indicated on the application for a new or relocated pharmacy and for pharmacy renewal registration.
- (2) The pharmacy must ensure that it is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in conformance with the keeping and inventory requirements of federal law and board rules.

The pharmacist signing this document acknowledges reading and understanding the responsibilities of a pharmacist-in-charge.

Pharmacist in Charge

SIGNATURE OF PHARMACIST-IN-CHARGE

Date

PLEASE PRINT

Oregon Pharmacist

License Number

Oregon Outlet

License Number

Required Question:

Yes No

Has disciplinary action ever been taken, or is any such action currently pending against any of the persons listed on this application, by any State or Federal Authority in connection with a violation of any Federal or State drug law or regulation? If "yes", attach a detailed explanation of the incident and describe any penalty incurred.