



APPLICATION FOR REGISTRATION
RETAIL OR INSTITUTIONAL DRUG OUTLET

IN AND OUT OF STATE

(Expires March 31 Annually)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us

RETAIL OR INSTITUTIONAL DRUG OUTLET	Fee: \$175.00
CONTROLLED SUBSTANCE (If Applicable)	Fee: \$25.00
LAWS & RULES (Not Required if Accessible Electronically)	Fee: \$15.00

Dear Applicant:

Please be advised of the following information for registration of a Retail or Institutional Drug Outlet.

1. The registration must be issued before opening.
2. Outlets may need **both** a Retail **and** Institutional Drug Outlet Registration based on services provided.
3. Per Oregon Administrative Rule Definitions, registration fee(s) are required for **NEW OUTLETS**, **OWNERSHIP CHANGES** or **LOCATION CHANGES**. Payments may only be made by check or money order.
4. **NEW OR RELOCATED PHARMACIES** must submit a floor plan, drawn to scale (can be hand drawn). Floor plans should identify the location of sinks, refrigerator, windows and doors (note whether windows/doors are secure/unsecured.)
5. No fee is required if you are completing these forms to report a **NAME CHANGE ONLY**.
6. Effective **April 1, 2009** all out-of-state mail order pharmacies must have an Oregon licensed Pharmacist-in-Charge.
7. **OREGON CONTROLLED SUBSTANCE ACT APPLICATION**. Be advised that the Controlled Substance Registration is not an independent registration. It must be issued in conjunction with a Retail or Institutional Drug Outlet Registration. If your facility does not handle controlled substances, please check the box "Not Applicable" and return it with the Retail or Institutional Drug Outlet Application. Note: The controlled substance fee is **not** required if the application is marked "Not Applicable." Retail and Institutional Drug Outlet Applications will not be processed without the completion of the Controlled Substance Application.
8. **VERIFICATION FORM OF LICENSE/REGISTRATION IN RESIDENT STATE** (required for pharmacies located outside of Oregon.) Applications for registration of out-of-state pharmacies will not be processed without this verification. To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency with your application(s). License verifications must be original and not tampered with, this includes the use of whiteout. Photocopies of registrations will not be accepted
9. **OREGON REVISED STATUTES and ADMINISTRATIVE RULES** are available for review on our web site at: www.pharmacy.state.or.us. If electronic copies of laws and rules are accessible to all staff members, a hard copy is not required.

Please be aware that your registration will become effective once all required paperwork and fee(s) are received. Your license is to be in your possession **PRIOR** to doing business in Oregon. Retail and Institutional Drug Outlet Registrations expire March 31, annually and fees are not prorated. **Renewals are due and must be post-marked by February 28**, annually, which is one (1) month prior to the expiration date of your license. Renewal notices will be mailed out in advance mid-January.

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FOR BOARD USE ONLY [0306] \$175.00

RECEIPT # _____

BATCH DATE-NUMBER _____

ENTERED BY _____

RETAIL OR INSTITUTIONAL DRUG OUTLET

FEE: \$175.00

CHECK ONE [] RETAIL [] INSTITUTIONAL

- [] New Outlet Start Date _____
- [] Owner Change Date Effective _____ Former License Number _____
- [] Location Change Date Effective _____ Former License Number _____
- [] Name Change Only Date Effective _____ Former License Number _____

A change of ownership or location **requires** the submission of a new application and registration fee within 15 days.

Please PRINT or TYPE **WARNING:** ORS 475.135(1) (e) and ORS 689-405(1) The furnishing of false information is grounds to deny registration.

Pharmacy Name _____

Location Address _____

Phone Number () - FAX # () -

City, State, Zip _____

License & Renewal Mailing Address _____

City, State, Zip _____

Contact Person _____ Title _____ Contact Phone _____

Federal Tax ID # _____ Email Address: _____

Please check all that apply to this location

- [] Chain [] Mail Order [] Nuclear Pharmacy [] Compounding [] Hospital [] Long Term Care [] Home Infusion [] Community Based

Hours/days pharmacy is open: _____ AM to _____ PM _____ Through _____

Hours/days pharmacy is open: _____ AM to _____ PM _____ Through _____

Ownership: Please complete lines 1-4 below.

- [] Corporation/LLC (Name and address of Corporation officers or Members.
- [] Individual Owner, Trustee or Receiver. (Enter name, title & address below.)
- [] Partnership (List below names and addresses of the 4 largest share holders.)

NAME	TITLE	MAILING ADDRESS & PHONE
1.		
2.		
3.		
4. *Company Name	*Date Organized (if new)	*State in which incorporated

PLEASE CHECK ONE:

- [] I wish to have my registration application processed on the date you receive my COMPLETE APPLICATION and PAYMENT. Because the Oregon Board of Pharmacy does not prorate fees, **I realize that by having my registration become effective before the beginning of the renewal period (April 1) my license will not be valid for a full year and fees will not be prorated.**
- [] I wish to have my registration become effective on the following April 1st. (ONLY APPLICABLE FOR NEW OUTLETS)

**RETAIL OR INSTITUTIONAL DRUG OUTLET
IN AND OUT OF STATE**

ALL PHARMACISTS' AND INTERNS' CERTIFICATES MUST BE DISPLAYED PROMINENTLY

ALL APPLICANTS MUST COMPLETE THIS SECTION (Check Appropriate Boxes)

(If No, Please Explain)

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | One prescription balance consistent with the needs of the practice |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | All other equipment and stock per minimum equipment listed in OAR 855-041-0040 |
| | Are these publications on hand? (IF NO, PLEASE EXPLAIN) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference books as per OAR 855-041-0040 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Generic Sign as per ORS 689.515 (4) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Current Pharmacy Laws of Oregon |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Procedures for use of technicians |

All of the undersigned hereby state that all the information contained in this application for a pharmacy license is true and correct, that they have read and are familiar with the pharmacy laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

Signature

Title (owner, partner, etc.)

Date

OPERATION OF PHARMACIES

OAR 855-041-0020(2)

Personnel

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.

LICENSING OF PHARMACISTS

OAR-855-019-210

Duties of a Pharmacist Receiving Prescriptions

A pharmacist receiving a prescription is responsible for:

(a) Using professional judgment in dispensing only pursuant to a valid prescription. A pharmacist shall not dispense a prescription if the pharmacist, in their professional judgment, believes that the prescription was issued without a valid patient-practitioner relationship. In this rule, the term practitioner shall include a clinical associate of the practitioner or any other practitioner acting in the practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice and not result solely from a questionnaire or an internet-based relationship; and

(b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of rules including the legible name and contact phone number of the prescribing practitioner for verification purposes.

OAR 855-019-0300(6)

Duties of a Pharmacist-in-Charge

The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy 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 accordance with all state and federal laws and rules.

The outlet submitting and pharmacist signing this document acknowledges reading and understanding the responsibilities of a pharmacist-in-charge and the requirement to comply with Oregon laws and rules.

Pharmacist-in-Charge (please print)

Oregon Pharmacist License No.

Signature of Pharmacist-in-Charge

Date

Email Address

*MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE
OREGON BOARD OF PHARMACY*

ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

CONTROLLED SUBSTANCE
 APPLICATION FOR REGISTRATION UNDER
OREGON CONTROLLED SUBSTANCE ACT
 (Expires March 31 Annually)



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FOR BOARD USE ONLY [0310] \$25.00

RECEIPT # _____
 BATCH DATE-
 NUMBER _____
 ENTERED BY _____

FEE

\$25.00

(If Not Applicable, please check here) []

Please PRINT or TYPE

WARNING: ORS 475.135 (1) (e) The furnishing of false information is grounds to deny registration.

Business Name _____

Location Address _____

Phone Number () - FAX # () -

City, State, Zip _____

License & Renewal Mailing Address _____

Contact Person _____ Title _____ Contact Phone _____

City, State, Zip _____

Phone Number () - FAX # () -

Federal Tax ID # or Owner SSN: _____ Does this outlet belong to a chain? [] Yes [] No

DRUG SCHEDULES (Check appropriate box(es))

[] Schedule I [] Schedule II [] Schedule III [] Schedule III [] Schedule IV [] Schedule V

Attach list of stocked Schedule I Drugs [] Narcotic [] Non-Narcotic

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Are you currently registered to manufacture, distribute or otherwise handle the controlled [] YES [] NO substances in the schedules for which you are applying under the laws of the Federal Government?

CURRENT FEDERAL REGISTRATION NUMBER _____

2. Has the applicant been convicted of a felony in connection with controlled substances under [] YES [] NO state or federal law?

3. If the applicant is a corporation, association or partnership, has any officer, partner or [] YES [] NO stockholder been convicted of a felony in connection with controlled substances under state or federal law?

4. Has the applicant ever surrendered a previous Federal Controlled Substances Registration [] YES [] NO (FCSA) or had a FCSA Registration revoked, suspended or denied?

5. If the applicant is a corporation, association or partnership, has any officer, partner, or [] YES [] NO stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?

IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, ATTACH LETTER SETTING FORTH THE CIRCUMSTANCES.

Print or Type Name of Applicant _____ Signature of Applicant or Authorized Individual _____ Date _____

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 PURSUANT TO ORS 30.701(5)

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(Expires March 31 Annually)



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PORTLAND OR 97232
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Out-of-State Establishments Only

Verification Form of License/Registration in Resident State (required for retail or institutional drug outlets located outside the State of Oregon). Applications for registration of out-of-state retail or institutional drug outlets will not be processed without this verification. To prevent delays in processing submit a completed verification form or letter from your resident state with your application.

To be completed by Registration Applicant. You are responsible for sending this document to your resident State licensing agency for their verification. Photocopies of verification or verifications that have been tampered with will not be accepted.

Resident State _____
License Number _____
License Type _____
Pharmacy Name _____
Physical Address _____
City, State, Zip Code _____

To be completed by licensing/regulatory agency and mailed back to the applicant:

The above pharmacy has applied for a Retail or Institutional Drug Outlet Registration with the Oregon Board of Pharmacy. This registration is required of any pharmacy located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this pharmacy has a current license or registration and is in good standing with its resident state is required for our licensing process. Please complete the section below and mail it back to the applicant.

- The pharmacy listed above holds a current, unrestricted license or registration with our agency and has no disciplinary action pending.
- Other (please explain): _____

Print Name & Title

Authorized Signature

Date

(State Seal Required)

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FOR BOARD USE ONLY	[0324] \$15.00
RECEIPT #	_____
BATCH DATE-NUMBER	_____
ENTERED BY	_____

OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

FEE \$15.00

Please Mail to:

NAME _____

FACILITY NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

Number of sets requested _____ Amount enclosed \$ _____ (\$15.00 per set)

Set(s) ordered for:

Pharmacist [] Intern [] Reciprocal [] Pharmacy [] Other []

Make checks payable to:

Oregon Board of Pharmacy
800 NE Oregon St, Ste 150
Portland, OR 97232

Please Note:

- Administrative Rules are updated through the Secretary of State's Office within 30 days of being filed.
- Electronic versions of pharmaceutical references listed under Oregon Administrative Rule 855-041-0040 satisfy the minimum equipment requirement for a pharmacy.
- The Oregon Board of Pharmacy Official Newsletter can be subscribed to by sending an email to OregonBOPNewsletter@nabp.org with only the word "Subscribe" in the subject heading and body of the email. Once you subscribe, you will receive a notice via e-mail when the newsletter is available.
- The Laws and Rules for the Oregon Board of Pharmacy may be found on the Boards website at <http://www.pharmacy.state.or.us>. Included are:
 - Oregon Revised Statute Chapter 689
 - The Oregon Pharmacy Act
 - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act

*ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)*