

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form.

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rules adopted on 08-12-2009 by the _____
Date prior to or same as filing date

Oregon Board of Pharmacy _____ 855
Agency and Division Administrative Rules Chapter Number

Karen MacLean _____ 800 NE Oregon St, Portland, OR 97232 _____ 971-673-0001
Rules Coordinator Address Telephone

to become effective upon filing _____ through 2-26-2010
Date upon filing or later A maximum of 180 days including the effective date.

RULE CAPTION

Amend criteria for implementation of rules for a Public Health Emergency
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION
List each rule number separately, 000-000-0000.

ADOPT:

AMEND: 855-007-0010

SUSPEND:

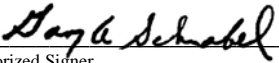
ORS 401.043, 401.065, 433.441 and 689.205 _____
Stat. Auth. Other Authority

Chapter 25 Oregon Laws 2008, ORS 401.055 and 689.155 _____
Stats. Implemented

RULE SUMMARY

The amendment authorizes the implementation of these rules when the President or any other federal official declares an emergency, or when the Governor authorizes specified actions.

This filing along with the rule text may be found on the Board's website at http://www.pharmacy.state.or.us/Pharmacy/Laws_Rules.shtml.

 _____ Gary A. Schnabel _____ 8/18/09
Authorized Signer Printed name Date

*With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. ARC 940-2005