

APPLICATION FOR REGISTRATION

WHOLESALE CLASS I

In State and Out of State

(Expires September 30 Annually)

Oregon Board of Pharmacy

800 NE Oregon Street, Suite 150

Portland OR 97232

Telephone: (971) 673-0001

www.pharmacy.state.or.us

Wholesaler Class I Registration

Fee: \$400.00

Controlled Substance Registration (If Applicable)

Fee: \$50.00

Laws & Rules (If Needed)

Fee: \$15.00

ALL FEES ARE NON REFUNDABLE

Dear Applicant:

Please read the following instructions for applicants for registration as a Wholesaler Class I Drug Outlet.

1. Oregon Administrative Rule 855-065-0001 states who is required to register as a Wholesaler Class I. http://arcweb.sos.state.or.us/rules/OARS_800/OAR_855/855_065.html
2. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until we have notified you that we have approved the application. Registrations expire September 30 each year. We do not prorate fees. We will mail out renewal notices in mid-July and you must return renewal applications with the fee, post-marked by August 31.
3. A Wholesaler Class I Registration authorizes the applicant to conduct the wholesale distribution of prescription and non-prescription drugs into and within Oregon. If you do not, at any time, have physical possession or ownership of any drugs, you need to register as a Drug Distribution Agent (a separate application form). Drug Distribution Agent includes such entities as Brokers, Import Brokers, Import Agents, Sales and Marketing offices and Drug Order Contractors.
4. Each Wholesaler Class I must have a current **Verified-Accredited Wholesale Distributors (VAWD)** accreditation through the **National Association of Boards of Pharmacy** or have an inspection report from an approved state. A list of states whose inspections have been approved by the Board are located at <http://www.oregon.gov/Pharmacy/Imports/Memos/State.Inspections.pdf>. Outlets located in Oregon may request an inspection by the Oregon Board of Pharmacy.
5. A Wholesaler Class I that does not have a current VAWD accreditation must provide evidence of a **\$100,000 Surety Bond** that lists the Oregon Board of Pharmacy as its sole beneficiary. You must provide a separate surety bond for each application for registration, even if the applicants are under common ownership, unless the Bond specifically names each applicant.
6. You may need **both** a Wholesaler and Manufacturer registration depending on the services you provide.
7. Each company, even if under common ownership, **must** submit a separate application for registration.
8. You must pay a registration fee for each application for **a New Registration, an Ownership Change or a Location Change**. If you are completing these forms to report a **Name Change** only, you do not pay a fee. We can only accept payment by check or money order. **All fees are non refundable.**
9. **Oregon Controlled Substance Registration.** The Controlled Substance Registration is required for all Wholesale Class I outlets that distribute controlled substances. It is not a stand-alone registration. If you do not distribute controlled substances, please check the box "Not Applicable". The controlled substance fee is **not** required if the application is marked "Not Applicable."

10. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <http://www.pharmacy.state.or.us>. You may purchase a hard copy or CD for \$15 (check the box on the application if you wish to purchase one or more sets).
11. **Ownership:** Please complete and submit the **Ownership** form for our records.
12. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) We cannot process your application without this verification. To prevent any delay in processing, submit a completed verification form or letter from your home state licensing agency with your application. If your home state does not issue you any type of professional or business license, attach a letter from the state agency that licenses drug outlets stating that you do not need a license.
13. **Contact Information:** Please complete and submit the **Contact Information** form, which will facilitate the flow of information between us.

APPLICATION FOR REGISTRATION

WHOLESALE CLASS I
Prescription and Non-Prescription
In and Out of State

(Expires September 30 Annually)
Oregon Board of Pharmacy
800 Ne Oregon Street, Suite 150
Portland, OR 97232
Telephone (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY [0317] \$400.00 [0310] \$ 50.00 [0326] \$ 15.00
RECEIPT #
BATCH DATE
ENTERED BY

Please check all that apply:

- [] Wholesaler Class I Registration (with or without controlled substances) Fee: \$400.00
[] Controlled Substance Registration Fee: \$ 50.00
[] Laws & Rules per set, please indicate quantity Fee: \$ 15.00

TOTAL ENCLOSED:
ALL FEES ARE NON REFUNDABLE

Please check the appropriate box regarding application status:

- [] New Outlet Start Date
[] Owner Change Date Effective Current Registration Number
[] Location Change Date Effective Current Registration Number
[] Name Change Only Date Effective Current Registration Number

You must submit a new application and registration fee within 15 days of a change of ownership or location.

Please PRINT or TYPE

WARNING: ORS 475.135 (e) and OAR 855-065-0007 (4) prohibits the furnishing of false information and is grounds to deny registration.

Business Name
Location Address
City, State, Zip
Phone Number () - Fax # () - Email
Mailing Address (If different from above)
City, State, Zip
Federal Tax ID # Website: FDA #
Contact Person Title Contact Phone
Email Address:

Types of Products Wholesaled:

Please answer all of the following:

- 1. [] Yes [] No Has disciplinary action ever been taken, or is any such action currently pending against any of the persons listed in 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.
2. [] Yes [] No Before purchasing a drug from any vendor, do you verify that the vendor is legally authorized to sell the drug?
3. [] Yes [] No Before distributing a drug, do you verify that the recipients are legally authorized to receive the drug?

4. Yes No Is the facility **VAWD Accredited** through the **NABP**? If yes, submit a copy of your accreditation certificate. If you have submitted an application to **NABP** mark Pending below and indicate the date it was submitted.
 Pending _____ Date: _____
5. Yes No Have you been inspected within the last three years by a state whose inspection report has been approved by the Oregon Board of Pharmacy? (Out-of-state companies only).

All Wholesalers must complete a **Self-Inspection Report** by September 1 annually. This report form is available on our website and must be retained at the facility and be made available to the Board upon request. Do not send this report to the Board unless it is specifically requested.

CONTROLLED SUBSTANCE INFORMATION:

If **NOT** applicable, please check here:

If you are a wholesaler of controlled substances, please complete the next 5 questions.

Oregon Schedules of Controlled Substances may be found at:

http://arcweb.sos.state.or.us/rules/OARS_800/OAR_855/855_080.html and may be different from the Federal schedules.

You must comply with the most stringent.

DRUG SCHEDULES (Check all that apply)

Schedule I Schedule II Schedule III Schedule III Schedule IV Schedule V

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

DEA REGISTRATION NUMBER _____

2. Have you ever been convicted of a felony in connection with controlled substances under state or federal law? YES NO
3. If you are a corporation, association or partnership, has any officer, partner or stockholder ever been convicted of a felony in connection with controlled substances under state or federal law? YES NO
4. Have you ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied? YES NO
5. If you are a corporation, association or partnership, has any officer, partner, or stockholder ever surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied? YES NO

If the answer is yes to any of questions 2 through 5, attach letter of explanation.

Please select all that apply:

- I wish to have my registration application processed on the date you receive my complete application and payment in your office. 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 (October 1) my license will not be valid for a full year.**
- I wish to have my registration become effective on the next October 1st. (only applicable for new outlets)
- Enclosed is \$15 for a CD or a paper copy (check one) of the Oregon Board of Pharmacy's laws and rules. If you need more than one copy, indicate how many and enclose \$15 per copy.)

The undersigned hereby certifies that all the information contained in this application for wholesaler registration is true and correct and that all the provisions of the law relative to the conduct of business operating there under will faithfully be observed. I also understand that under ORS 475.135(e) and OAR 855-065-0007 (4), the furnishing of any false information is grounds for denial of registration.

Print or Type Name of Applicant

Signature of Applicant or Authorized Individual

Date

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)

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Designated Representative of Facility

Designated Representative requirements are in Oregon Administrative Rule 855-065-0009. Note: You must notify the Board in writing of a change in designated representative within 15 days of the change by re-submitting this form.

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Email Address _____

Normal Business
Hours of Facility _____

Please answer all of the following:

Yes No Are you the designated representative of more than one wholesale distributor? If "yes", attach a sheet with an explanation and details.

Yes No Are you actively involved in and aware of the daily operations of the wholesale distributor? If "no", attach a sheet with an explanation and details.

Yes No Are you physically present at the wholesale distributor during normal business hours? If "no", attach a sheet with an explanation and details.

The designated representative signing this document acknowledges reading and understanding the responsibilities of a designated representative in Oregon Administrative Rule 855-065-0009 and the requirement to comply with Oregon laws and rules.

Designated Representative Signature

Date

Ownership Information

Publicly Held Corporation [] Yes [] No

If No, Owner Name _____

Parent Company Name (If owned by another entity) _____

Complete this form for all owners. If publicly held corporation, list CEO or President and Registered Agent. This page may be duplicated as needed.

1.

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

2.

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

3.

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

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License/Registration Verification in Resident State

License/Registration Verification in Resident State (required for all Drug Distribution Agents, Manufacturers and Wholesalers located outside the State of Oregon). To prevent any delay in processing, submit this form or letter from your home state licensing agency with your application. If your home state does not issue you any type of professional or business license, attach a letter from the state agency that licenses drug outlets stating that you do not need a license.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification. You must attach a photocopy of your registration or license.

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

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

The above person has applied for a Drug Distribution Agent, Manufacturer or Wholesaler Registration with the Oregon Board of Pharmacy. This registration is required of any resident or non-resident drug outlet that is engaged in the distribution of drugs within Oregon.

Written verification that this person 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 return it to the applicant.

- The outlet 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