



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

CONTROLLED SUBSTANCE (If Applicable)

LAWS & RULES (Not Required if Accessible Electronically)

Fee: \$175.00

Fee: \$50.00

Fee: \$25.00

ALL FEES ARE NON REFUNDABLE

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 Rules, registration fee(s) are required for **NEW OUTLETS, OWNERSHIP CHANGES** or **LOCATION CHANGES**. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.
4. **NEW OR RELOCATED PHARMACIES must submit an 8.5" x 11" floor plan**, drawn to scale (can be hand drawn). Floor plans must identify the location of sinks, refrigerators, windows and doors. Additionally, you must note whether windows/doors are secured or unsecured.
5. No fee is required if you are completing these forms to report a **NAME CHANGE ONLY**.
6. All non-resident pharmacies must have an Oregon licensed Pharmacist-in-Charge who is licensed in Oregon within **four months of initial licensure of the pharmacy**.
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. Retail and Institutional Drug Outlet Applications will not be processed without the completion of the Controlled Substance Application. You must submit a copy of your DEA registration along with your application. 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."
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 in lieu of a license verification from your resident state.
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 be issued upon approval once all required paperwork and fee(s) are processed. 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 mid-January.

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www.pharmacy.state.or.us



FOR BOARD USE ONLY [0305] \$175.00 [0310] \$ 50.00 [0326] \$ 25.00

RECEIPT #
CHECK #
ENTERED BY
PERSON ID #
APPLICANT ID #

RETAIL OR INSTITUTIONAL DRUG OUTLET

FEE: \$175.00
ALL FEES ARE NON REFUNDABLE
(Check or Money Order only)

CHECK ONE [] RETAIL [] INSTITUTIONAL

PLEASE CHECK APPROPRIATE BOXES:

[] New Outlet Start / Effective Date:

[] License Reinstatement [] Owner Change [] Location Change [] Name Change Only - No fee required

License Number: Date Effective:

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) The furnishing of false information is grounds to deny registration.

Pharmacy Name:

Corporate / LLC Name:

Federal Tax ID # or Owner SSN:

Location Address:

City, State, Zip:

Phone Number: () - FAX # () -

License & Renewal Mailing Address:

City, State, Zip:

Licensing Contact Person: Title Contact Phone

Licensing Contact Person E-mail Address:

Please check all that apply to this location

[] Community Chain [] LTCF Ambulatory [] Health System Ambulatory [] Non-Sterile Compounding

[] Community Independent [] LTCF Consulting [] Health System Residential [] Sterile Compounding

[] Consulting [] LTCF Residential [] Nuclear [] 503B Outsourcing Facility

[] Other [] Mail Order [] Central Fill [] Central Processing

Hours/days pharmacy is open: AM to PM Through

Please provide the name, title, address and email of the Owner, CEO, President, or Members of LLC.

Name Title Address, City, State, Zip Email

Name Title Address, City, State, Zip Email

Name Title Address, City, State, Zip Email

PLEASE CHECK ONE:

[] I wish to have this registration application processed on the date the Board receives a COMPLETE APPLICATION and PAYMENT. Because the Oregon Board of Pharmacy does not prorate fees, I realize that by having this registration become effective before April 1, this license will not be valid for a full year and will need to be renewed prior to March 30th.

[] 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 PHARMACIST, INTERN AND TECHNICIAN LICENSES MUST BE PROMINENTLY DISPLAYED

**ALL APPLICANTS MUST COMPLETE THIS SECTION (Check Appropriate Boxes)
(If No, Please Explain)**

- Yes No One prescription balance consistent with the needs of the practice
- Yes No All other equipment and stock per minimum equipment listed in OAR 855-041-1035 Are these publications on hand?
(IF NO, PLEASE EXPLAIN)
- Yes No Reference books as per OAR 855-041-1035
- Yes No Generic Sign as per ORS 689.515 (4)
- Yes No Current Pharmacy Laws of Oregon
- Yes No Procedures for use of technicians
- Yes No Has action ever been taken, or is any such action currently pending against any of the persons or the facility listed on this application, by any State or Federal Authority? If "yes", attach a detailed explanation of the incident and describe any penalty incurred. You must provide a copy of all documents pertaining to discipline. This would include Notice of Disciplinary Actions, Board Orders and other related documents.

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

Personnel

OAR 855-041-1010(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.

Non-Resident Pharmacies

855-041-1060(5)

Every non-resident pharmacy will have a pharmacist-in-charge (PIC) who is licensed in Oregon **within four months of initial licensure** of the pharmacy.

855-041-1060(4)(b)

[The Oregon licensed PIC] must be normally present in the pharmacy for a minimum of 20 hours per week.

LICENSING OF PHARMACISTS

Duties of a Pharmacist Receiving Prescriptions

OAR-855-019-0210

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.

Duties of a Pharmacist-in-Charge

OAR 855-019-0300(6)

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 \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

CONTROLLED SUBSTANCE APPLICATION
APPLICATION FOR REGISTRATION UNDER

OREGON CONTROLLED SUBSTANCE ACT
(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



FOR BOARD USE ONLY [0310] \$ 50.00

RECEIPT # _____
CHECK # _____
ENTERED BY _____
PERSON ID # _____
APPLICANT ID # _____

FEE \$50.00
ALL FEES ARE NON REFUNDABLE

PLEASE CHECK APPROPRIATE BOXES:

- New Outlet** Start / Effective Date: _____ (If Not Applicable, please check here)
- CS License Reinstatement** **Owner Change** **Location Change** **Name Change Only** - No fee required
- License Number: _____ Date Effective: _____

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

Pharmacy Name: _____

Corporate / LLC Name: _____

Federal Tax ID # or Owner SSN: _____

Location Address: _____

City, State, Zip: _____

Phone Number: () - FAX # () -

License & Renewal Mailing Address: _____

City, State, Zip: _____

Licensing Contact Person: _____ Title _____ Contact Phone _____

Licensing Contact Person E-mail Address: _____

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. Is the facility listed above currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government? YES NO

CURRENT FEDERAL REGISTRATION NUMBER _____

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

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

4. If the applicant is a corporation, association or partnership, has any officer, partner, or stockholder 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 4, 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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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 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 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 in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of your license or registration.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. 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 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 establishment 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

(State Seal Required)

Revised February 2017

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FOR BOARD USE ONLY	[0324] \$25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

FEE \$25.00

Please Mail to:

NAME _____

FACILITY NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

Number of sets requested _____ Amount enclosed \$ _____ (*\$25.00 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 required under Oregon Administrative Rule 855-041-1035 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, Oregon Pharmacy Act
 - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act
 - Oregon Administrative Rules Chapter 855

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PURSUANT TO ORS 30.701(5)**