

**Supplemental Information Form
Home Dialysis 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: _____

Phone Number: _____

Fax Number: _____

Federal Tax ID Number: _____

Contact Person: _____

Contact Number: _____

Contact E-mail: _____

PLEASE FILL IN THE APPROPRIATE INFORMATION UNDER ITEM 1, 2 OR 3, RELATING TO OWNERSHIP. IF APPLICABLE, COMPLETE QUESTION 4.

1) Individual Owner, Trustee or Receiver:

Name: _____

Address: _____

Title: _____

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: _____

4) Name of Remote Processing

Pharmacy Affiliate: _____

(If Applicable)

PHARMACIST-IN-CHARGE

Home Dialysis

855-041-4055 Duties of the Pharmacist

1) The pharmacist-in-charge must review, at least weekly, the drug outlet operation and perform, at least monthly, quality assurance audits that include the review of prescription orders prior to delivery for accuracy and completeness, and the review of the assembled order with the prescription order prior to delivery for accuracy and completeness.

(2) The pharmacist-in-charge is responsible for the following on an ongoing basis:

(a) Ensure compliance of dialysis distribution operation to all applicable federal and state pharmacy laws and rules;

(b) Ensure valid prescriptions are received for all patient orders by performing periodic assessments of prescription files;

(c) Perform periodic assessments of distribution processes and procedures to ensure quality and compliance;

(d) Provide pharmaceutical care by reviewing all patient profiles and performing drug therapy assessments on those identified as abnormal;

(e) Provide pharmaceutical care by responding on a toll free telephone access to questions received from any patient or health care provider;

(f) Maintain, update and train personnel on policies and procedures specific to home dialysis patient deliveries and pharmacy requirements;

(g) Prepare educational materials for staff members of dialysis clinics as requested;

(h) Prepare and maintain on file monthly reports of activities performed;

(i) Ensure security of the patient record area; and

(j) Maintain a policy and procedure manual for the Drug Outlet operation that must include written protocols for the product delivery system, methods for supervising deliveries to patients, and a quality assurance program with which to monitor the qualifications, training and performance of personnel.

(3) The pharmacist-in-charge must perform an annual inspection of the outlet on a form provided by the Board, and must provide a copy of this inspection to the Board upon request.

SIGNATURE OF PHARMACIST-IN-CHARGE

DATE

FIRST AND LAST NAME OF PHARMACIST-IN-CHARGE

PHARMACIST-IN-CHARGE EMAIL ADDRESS FOR BOARD USE

Oregon Pharmacist

License Number: _____

Oregon Outlet

License Number: _____

The pharmacist signing this document acknowledges reading and understanding the responsibilities of a Pharmacist-In-Charge.