



APPLICATION FOR REGISTRATION
CHARITABLE PHARMACY
(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

CHARITABLE PHARMACY DRUG OUTLET

Fee: \$75.00

LAWS & RULES (*Not Required if Accessible Electronically*)

Fee: \$25.00

ALL FEES ARE NON REFUNDABLE

Dear Applicant:

Please be advised of the following information for registration of a Charitable Pharmacy.

1. Applicants must include proposed policies and procedures, a description of the organization and distribution/dispensing procedures with their completed application for Board consideration. Applications will not be processed without these items.
2. The registration must be issued before operating as a charitable pharmacy.
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 CHARITABLE 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. Each charitable pharmacy must designate a **POINT OF CONTACT**. This person will serve as the primary contact person and will be responsible for managing the charitable pharmacy.
7. Charitable pharmacies that are co-located with an existing registered pharmacy may name a pharmacist employed by the existing pharmacy as its pharmacist.
8. Charitable pharmacies that are not co-located with an existing registered pharmacy and does not have a pharmacist on staff must employ a Consultant Pharmacist.
9. If you should have a change in pharmacist or point-of-contact you must notify the Board in writing within 15 days.
10. **OREGON REVISED STATUES 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. Charitable Pharmacy 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 [0339] \$75.00

RECEIPT # _____

BATCH DATE-NUMBER _____

ENTERED BY _____

CHARITABLE PHARMACY DRUG OUTLET

FEE: \$75.00
ALL FEES ARE NON REFUNDABLE

- 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.

Charitable Pharmacy Name _____

Location Address _____

Phone Number (____) _____ - _____ FAX # (____) _____ - _____

City, State, Zip _____

License & Renewal Mailing Address _____

City, State, Zip _____

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

Hours/days location 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*)

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LICENSING REQUIREMENTS:

ALL APPLICANTS MUST COMPLETE THIS SECTION.
ALL ITEMS BELOW MUST BE INCLUDED WITH INITIAL APPLICATION FOR BOARD APPROVAL & MUST BE READILY AVAILABLE ON SIGHT FOR INSPECTION.

1) Description of organization and distribution/dispensing procedures

2) Policies and procedures have been developed for the following:

- [] Yes [] No Receiving donated drugs
[] Yes [] No Security
[] Yes [] No Drug storage
[] Yes [] No Distribution of drugs
[] Yes [] No Record keeping
[] Yes [] No Disposal of unusable drugs
[] Yes [] No Staff training

The pharmacist signing this document acknowledges reading and understanding his/her responsibilities. Furthermore the undersigned hereby states that all the information contained in this application for a charitable pharmacy license is true and correct, that they have read and are familiar with the Charitable Pharmacy Laws and Rules of the Oregon Board of Pharmacy, and that such provision of the law will be faithfully observed.

Pharmacist Name & Signature

License Number

Date

POINT OF CONTACT

Name

Address

City, State, Zip

Phone Number

Fax

Email Address

The person of contact signing this document acknowledges reading and understanding the charitable pharmacy rules as defined in OAR 855 Division 44 and the requirement to comply with Oregon Laws and Rules.

Point of Contact Signature

Date

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)

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	[0324] \$25.00
RECEIPT #	_____
BATCH DATE- NUMBER	_____
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 \$ _____ (\$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 \$35.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)**