



APPLICATION FOR REGISTRATION
**RETAIL OR INSTITUTIONAL CONSULTING
OR DRUGLESS 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

**RETAIL OR INSTITUTIONAL CONSULTING OR DRUGLESS PHARMACY
LAWS & RULES** (*Not Required if Accessible Electronically*)

ALL FEES ARE NON REFUNDABLE

Please be advised of the following information for registration of a Consulting or Drugless Pharmacy:

1. An applicant must include their proposed policies and procedures for the items included on the **Checklist of Necessary Elements for the Registration of a Retail or Institutional Consulting or Drugless Pharmacy**.
2. Written approval from the Board of Pharmacy is required prior to commencing operations as a Consulting or Drugless Pharmacy.
3. Policies and procedures may not be changed without written Board approval.
4. Deviation from approved policies and procedures in unprofessional conduct and grounds for discipline.
5. Registration fee(s) are required for a **NEW OUTLET, OWNERSHIP CHANGE** or **LOCATION CHANGE**. Payments may only be made by check or money order. No fee is required for a **NAME CHANGE ONLY**.
6. An applicant may apply for **both** a Retail **and** an Institutional Consulting or Drugless Pharmacy Registration. If applying for both, the retail fee of \$175.00 and institutional fee of \$175.00 for a total of \$350.00 is required. Additionally, two registrations will be issued.
7. **NEW OR RELOCATED CONSULTING OR DRUGLESS PHARMACIES** must submit a floor plan, drawn to scale (can be hand drawn). The location of windows and doors within the pharmacy must be identified. Note: whether windows/doors are secure or unsecured.
8. **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 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. Consulting Pharmacy 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.

**Oregon Board of Pharmacy
2013
Frequently Asked Questions
Retail or Institutional Consulting or Drugless Pharmacies**

Q1. What will a consulting or drugless pharmacy look like?

A1. The consulting pharmacy model is anticipated to function like a long term care pharmacy with consulting pharmacists. It is anticipated that the consulting pharmacists will be working out of the pharmacy as the consultants employed by a consulting pharmacy.

Q2. Will an annual PIC self inspection be required?

A2. Yes, an annual PIC self inspection will be required. The Board will create a PIC Self-Inspection Report which will be available on the Board's website by early 2014.

Q3. If medication and disease state management services are provided to local businesses, do those records belong to that Human Resources Department or the associated health plan?

A3. This would be clarified in your policies and procedures as well as your consulting services contract. Please see OAR 855-041-3340(3)(c).

Q4. Will the consultant pharmacist be required to maintain written records or can records be stored in a password protected documentation platform such as OUTCOMES MTM, Mirixa, or Assurance Medication Management Systems?

A4. This would be specified in your contract with the platform or provider you are providing services for.

Q5. Our clerks and pharmacists use the same web-based applications where consulting services, claims, and other notes are processed. How we can provide access to pharmacists and not clerks during non-business hours?

A5. Clerks can perform non-cognitive functions as in a pharmacy. When physically in a consulting pharmacy a clerk would need to be supervised by a pharmacist. However, some of these functions could occur outside the pharmacy which would be consistent with what is allowed in a double set-up for retail outlets. The issue of access outside the consulting pharmacy would need to be granted by the web-based platforms. Currently the platforms have different accessibility levels. Your policies and procedures would need to address the different levels of security.

Retail or Institutional Consulting or Drugless Pharmacy:

Please note the following: Policies and procedures may not be changed without written Board approval. Upon Board approval, registrant agrees to be held to policies and procedures and understands that any deviation is unprofessional conduct and grounds for discipline.

1. Patient Safety:

- a. Provide a description of how your consulting or drugless pharmacy will be utilized to improve patient safety.

2. Operations:

- a. Provide a detailed operational plan.
- b. Provide description of workflow.
- c. Identify retail or institutional focus.
- d. Identify location of consulting pharmacy and provide a floor plan.
- e. Identify responsibilities of the Pharmacist-in-Charge, pharmacist, and other staff.
- f. Identify any restrictions of staff.
- g. Provide hours of operation and hours that pharmacist(s) will be at consulting pharmacy.
- h. List, if any, of non-licensed personnel. Include a list of their duties and responsibilities.
- i. Identify training requirements of non-pharmacists to work at the pharmacy.
- j. Identify if pharmacy will create and/or transfer prescriptions or orders. If yes, provide procedures.
- k. Outline responsibilities and scope of service.
- l. Include Operational Quality Assurance Program.

3. Policies and Procedures: Please submit policies and procedures for the following:

- a. Protecting confidentiality, ensuring integrity of patient information, and upholding HIPPA agreements.
- b. Compliance with all applicable federal and state laws and rules.
- c. Utilization of computer systems including security, password protection, and lockout levels.

Checklist of Necessary Elements for the Registration of a Consulting or Drugless Pharmacy:

4. Security:

- a. Identify how pharmacy will be secured after hours.
- b. Identify how records will be stored and secured and answer the following questions in your proposal.
 - I. Is data read only?
 - II. Are terminals password protected to avoid access from unauthorized personnel?
 - III. Are hardcopy files containing health protected information secured in the pharmacy?
 - IV. Are electronic records containing health protected information secured in the pharmacy?
 - V. Are electronic records containing health protected information that are stored in a web-based platform encrypted and secured?

5. Personnel:

- a. Identify Pharmacist-in-Charge and provide Oregon Board of Pharmacy license number.
- b. Identify all consulting pharmacists and provide Oregon Board of Pharmacy license number for each consulting pharmacist.
- c. Identify all non-pharmacist personnel and include a job description for each position.

ADDITIONAL INFORMATION MAY BE REQUESTED

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RETAIL OR INSTITUTIONAL
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IN AND OUT OF STATE

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FOR BOARD USE ONLY	[0342] \$175.00
	[0342] \$175.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

FEES ENCLOSED: \$ _____

ALL FEES ARE NON REFUNDABLE

CONSULTING OR DRUGLESS PHARMACY

CHECK ONE OR BOTH (If both, two fees are required)

RETAIL **\$175.00** INSTITUTIONAL **\$175.00**

- 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
registration.

WARNING: ORS 475.135(1) (e) and ORS 689-405(1) The furnishing of false information is grounds to deny registration.

Consulting or Drugless Pharmacy Name _____

Location Address _____

City, State, Zip _____

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

License & Renewal Mailing Address _____

City, State, Zip _____

Contact Person _____ Title _____ Contact Phone _____

Federal Tax ID # _____ Email 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
- LTCF Residential Nuclear Mail Order Non-Sterile to Sterile Compounding
- Other

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

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)

Ownership Information

Owner Name _____

Parent Company Name (If owned by another entity) _____

Complete this form for all owners and CEO or President. 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 _____

This page may be duplicated as needed

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

- 1) Yes No Policies and procedures addressing all items listed on the Board provided check list are enclosed.
- 2) Yes No Policies and procedures will not be changed without written Board approval.

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.

Signature of Pharmacist-in-Charge

Date

Pharmacist-in-Charge (please print)

License #

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)

STAFFING INFORMATION

RETAIL OR INSTITUTIONAL CONSULTING OR DRUGLESS PHARMACY IN AND OUT OF STATE

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List all pharmacists that will work at or monitor the facility.
List all technicians and other staff that will work at the facility.
This form may be duplicated as needed.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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Out-of-State Establishments Only

Verification Form of License/Registration in Resident State (required for consulting or drugless pharmacy outlets located outside the State of Oregon). Applications for registration of 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 with your application.

To be completed by Registration Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. Photocopies of verification or verifications that have been tampered with will not be accepted.

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

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

The above pharmacy has applied for a Consulting or Drugless Pharmacy 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 pharmacy 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 mail it back to the applicant.

- The pharmacy 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)

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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 _____
set)

Amount enclosed \$ _____ (\$25.00 per

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)*