



APPLICATION FOR TEMPORARY PHARMACY REGISTRATION

PUBLIC HEALTH EMERGENCY
(Declared by Governor Brown - 3/8/2020)

NOTE: This registration is effective through the duration of this Public Health Emergency per Oregon Administrative Rules 855-007, for the purposes of creating an alternative medication pick-up or dispensing location, and will be issued to In-State pharmacy locations only.

The drug outlet below must comply with all requirements of an Oregon pharmacy, which includes ensuring that the pharmacy meets all security requirements and a pharmacist is present at all times. Attach a floor plan of the temporary pharmacy, which identifies the location of sinks, refrigerators, windows and doors. Windows and doors must be marked as secured or unsecured. Please email completed application to pharmacy.licensing@oregon.gov.

Please PRINT or TYPE

WARNING: ORS 689.405 (1) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA): _____

Full Legal Name: _____

Federal Tax ID # or Owner SSN: _____

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX #: _____

This temp pharmacy will handle controlled substances.(if yes, see last page for additional information) Yes No

Affiliated Pharmacy Registration Number and location: _____

Address: _____

City, State, Zip: _____

Licensing Contact Person: _____ Title: _____ Contact Phone: _____

Licensing Contact Person E-mail Address: _____

Pharmacist-in-Charge (please print)

Oregon Pharmacist License No.

Signature of Pharmacist-in-Charge

Date

Email Address

Per OAR 855-007-0100:

This registration automatically expires when the state of emergency ends unless specifically extended by the Board.

Within 30 days of the end of the declared emergency, the holder of a Temporary Pharmacy Registration shall notify the Board as to the disposition of its drug inventory and records.

Please indicate what functions and services will be provided from the Temporary Pharmacy location listed on page one of this application.

If you indicate that you will handle controlled substances, in the course of processing your application, the Licensing staff will provide an Offsite-Unregistered Checklist. **You must then provide the checklist to the DEA for registering an alternate site, which will handle controlled substances.** This will be emailed to the licensing contact person. Once you have completed the Offsite-Unregistered Checklist, **please email the completed checklist** to DEA Portland District Office, Diversion Group – Group Supervisor Jennifer.D.Gueye@usdoj.gov.

Please continue to direct all controlled substance policy questions concerning COVID-19 to the DEA Policy email box at Natural.Disaster@usdoj.gov.