

Oregon Veterinary Medical Examining Board Facility License Application

Instructions: Please enter the information requested below and mail completed application, licensing fees and completed OVMEB Self Inspection Checklist, (attached) to:

Oregon Veterinary Medical Examining Board
800 NE Oregon Street, suite 407
Portland, Or. 97232
Fax: (971) 673-0226

Facility: _____

New Facility Application Fee: \$150.00

Total Enclosed: _____

Facility Information:

Facility Name: _____

Location Information:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Owner Information:

Owner: _____

Owner Email: _____

Owner Type: (LLC, Partnership, Sole Proprietor, Corporation) _____

Facility Mailing Information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mail Phone: _____ Mail Fax: _____

Email: _____

Managing Veterinarian Information:

Managing Veterinarian: _____

Veterinarian License Number: _____

Change of ownership or location change?

Is this a change of ownership or a location change of an existing facility? If Yes, Please complete the following information identifying the sold/closing facility:

Facility Name: _____ OVMEB Facility Number _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Owner: _____

New Facility Self Evaluation:

I hereby certify that this facility is compliant with the minimum facility requirements in OAR 875-15-0020, OAR 875-15-0030 and OAR 875-15-0040 except as noted below:

NOTE: Non-compliant conditions should be noted here, including a plan and timeline for achieving compliance.

CERTIFICATION:

I, _____, certify that I am the duly authorized Managing Veterinarian of the above-named facility and that all information on this form is true and correct. I understand that making false or misleading statements in applying to the Board for licensure may be cause for disciplinary action.

Sign, date and return this form along with the licensing fees and a copy of the completed OVMEB Self Inspection Form, (below).

Signature of Managing Veterinarian

Date Signed

**OREGON VETERINARY MEDICAL EXAMINING BOARD
OAR 875-015-0040 MINIMUM STANDARDS FOR VETERINARY DRUGS SELF INSPECTION CHECKLIST**

Clinic Name: _____

OVMEB Registration # _____

Address: _____

City, St, Zip: _____

Telephone: _____

Managing Veterinarian: _____

Inspector Name: _____

Signature: _____

Date of Inspection: ____/____/____

Contact Brenda Biggs, Oregon Veterinary Medical Examining Board Inspector at 503-995-3121 / OVMEB.Inspector@Oregon.gov with questions.

Yes	No	N/A		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Does the outlet have written policies and procedures for drug security, acquisition, storage, labeling, disposal and record keeping? Readily Retrievable?: _____	OAR 875-015-0040(2)(a) OAR 875-015-0040(8)(c)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Does the outlet keep all drugs in a locked drug cabinet or secure drug storage area that denies access to unauthorized persons?	OAR 875-015-0040(3)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are controlled substances listed in schedules I, II, III, IV an V kept in a locked cabinet with access limited to persons authorized by the Managing Veterinarian?	OAR 875-015-0040(3)(b)

Yes	No	N/A			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<p>Are all prescriptions properly labeled?</p> <ul style="list-style-type: none"> • Name of patient; • Name or initials of prescriber; • Name, address, and phone number of the clinic; • Date of dispensing; • Name and strength of the drug. • Quantity dispensed; • Directions for use; • Manufacturer's expiration date, or an earlier date if preferable, after which the patient should not use the drug • Cautionary information: In accordance with 21 CFR §290.5, the label of any drug listed as a controlled substance' in Schedule II, III or IV of the Federal Controlled Substances Act must, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." 	OAR 875-015-0040(5)(a-i)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Does the veterinarian or their representative orally counsel the client concerning all new drugs prescribed, unless circumstances would render oral counseling ineffective?	OAR 875-015-0040(6)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<p>Are prescription drugs dispensed in a suitable container appropriately labeled for subsequent veterinary patient administration, to a client or other individual entitled to receive the prescription drug?</p> <p>Are Controlled substances and legend drugs dispensed, ordered or prescribed based on a VCPR?</p>	<p>OAR 875-015-040(1)(b) OAR 875-015-040(6)(d)</p> <p>OAR 875-015-040(1)(b) OAR 875-015-040(6)(b)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<p>For all drugs Is a unique dispensing record maintained separately from the patient chart?</p> <p>Are records kept for a minimum of 3 years?</p>	OAR 875-015-040(8)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<p>Does the dispensing record contain?</p> <ul style="list-style-type: none"> • Name of patient • Dose, dosage form, quantity dispensed • Directions for use • Date of dispensing; and • Name of person dispensing the prescription 	OAR 875-015-040(8)(a)(A -E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Are Rabies vaccines administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017?	OAR 875-015-040(6)(c)
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Please provide an explanation of any "No" or "N/A" answers. Attach a second sheet if necessary:

Inspector Comments: _____

Printed Name and Title: _____

Signature _____ Date: _____