

2021
Correctional Facility
Supplemental Information Form

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, Oregon 97232

You must complete ALL fields of this required form and return with your payment. This form will be used to update your file.

All information is required. You must complete both sides of this form.

List the names of the registered nurse or nurse practitioner, consultant pharmacist and facility responsible party:

Drug Outlet License Number:	CF-
Institution Name:	
Federal Tax ID Number:	

Registered Nurse or Nurse Practitioner:	
RN or NP License #	
RN or NP Email:	
RN or NP Phone:	

DEA Number (If Applicable):
(Required if you hold an Oregon Controlled Substance Registration)

Consultant Pharmacist:	
Oregon Pharmacist License #:	
Consultant Pharmacist Email:	

Physical Location Address:	
City, State, Zip:	
Phone / Fax Number:	
IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please complete mailing address below)	
Mailing Address:	
City, State, Zip:	

Facility Contact Person Name:	
Title:	
Email:	
Phone:	

Licensing Contact Person:	
Licensing Contact Number:	
Licensing Contact E-mail:	

Please list the name and address of all pharmacies you receive drugs from. A list may be attached for additional entries.

Pharmacy Name:	
Address:	
City, State, Zip:	
Pharmacy Name:	
Address:	
City, State, Zip:	

Pharmacy Name:	
Address:	
City, State, Zip:	
Pharmacy Name:	
Address:	
City, State, Zip:	

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**FAILURE TO COMPLETE THIS FORM IN ITS
ENTIRETY WILL CONSTITUTE AN INCOMPLETE
ANNUAL RENEWAL APPLICATION.**

☐ Yes ☐ No Before purchasing a drug from any distributor, do you verify that the vendor is legally authorized to sell the drug?

Go to <https://orbop.mylicense.com/verification/> to verify active registration.

☐ Yes ☐ No Are all registered nurses that will dispense drugs licensed / registered appropriately with their healthcare board?

☐ Yes ☐ No Policies and procedures for this outlet are reviewed and updated annually by the pharmacist and the practitioner, maintained in the facility; and are available to the Board upon inspection per OAR 855-043-0600.

☐ Yes ☐ No The Annual Self-Inspection form has, or will be completed by February 1 and available to the Board upon inspection?

Self-Inspection Forms can be found on the Board's website.

☐ Yes * ☐ No Since the date of your last renewal has any investigation been initiated, or has any pharmacy or drug related disciplinary action been taken or is any such action currently pending against any of the persons or facilities listed on this renewal application by any State (other than Oregon) or Federal Authority?

* If "yes", attach a copy of the Board order if applicable, include a detailed explanation of the incident below, and describe any pending discipline or penalty incurred.

SIGNATURE OF AUTHORIZED PERSON

DATE

PLEASE PRINT FIRST AND LAST NAME

TITLE