



**APPLICATION FOR REGISTRATION  
DISPENSING PRACTITIONER – RETAIL DRUG OUTLET**

(Expires March 31 Annually)

**APPLICATION REQUIREMENTS:**

**\$140.00 application or owner/location change fee** - All fees are non-refundable

**Active Oregon Secretary of State business registration** - Must be verifiable on the Secretary of State's Business Registry Database found at <http://sos.oregon.gov/business>.

**Copy of all fully executed board orders with a detailed explanation** - required for any "Yes" answers to the disciplinary questions on page 2 of the application. This includes all pending disciplinary actions, investigations, notices, citations, etc.

**Floor plan and security of Drug Outlet – Include a legible 8.5" x 11" floor plan which CLEARLY** provides the location of the following:

- **Sink(s)**
- **Refrigerators**
- **Windows - Must note secured or unsecured**
- **Doors - Must note secured or unsecured**
- **Drug Storage**

**Copy of DEA registration** if facility dispenses controlled substances

**\*Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months will expire. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

**Mail completed application and all required documentation to:**

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232

**Questions? Contact us:**

Telephone: (971) 673-0001  
[www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

This application is for a practitioner that engages in dispensing human prescription drug therapies.

Per [OAR 855-043-0510\(2\)](#) A practitioner is **exempt** from this registration requirement if the practitioner only engages in:

- Dispensing FDA approved drug samples; **or**
- Dispensing Medication Assistance Program (MAP) drugs; **or**
- Dispensing homeopathic products; **or**
- Dispensing natural thyroid supplemental products; **or**
- Dispensing a small amount of drugs to start therapy or incidental to a procedure or office visit, up to a 72 hour supply; **or**
- An amount greater than a 72-hour supply if the drug is:
  - A drug in the manufacturer's original unit-of-use packaging, such as a metered-dose inhaler or bottle of fluoride rinse; **or**
  - A full course of therapy, if in the professional judgment of the practitioner would be in the patient's best interest, such as a course of antibiotic therapy.

See below for important information and instructions to apply for registration as a Dispensing Practitioner Drug Outlet (DPDO).

1. Oregon Administrative Rule [Chapter 855, Division 043](#) (OAR 855-043-0505 to 855-043-0560) contains additional information and requirements regarding Dispensing Practitioner Drug Outlet requirements.
2. The Board will issue a registration once all required documentation and fee(s) have been submitted and the application has been approved. An outlet may not commence business in Oregon until a registration is issued.
3. NEW OR RELOCATED DPDO must submit a legible 8.5" x 11" floor plan, drawn to scale (can be hand drawn). Floor plans must CLEARLY identify the location of sinks, refrigerators, windows, doors, and drug storage. All windows and doors must be identified as secured or unsecured.
4. Each company or location address, even if under common ownership, must submit a separate application for registration.
5. Your business must have an active Secretary of State business registration that provides proof of ownership on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>.
6. A registration fee is required for each application for a **New Registration, an Ownership change or a Location Change**. All fees are non-refundable.

Examples of a required ownership change application include: corporate restructure; LLC to a Corporation, Corporation to LLC; acquisition of assets; or additions or deletions of an owner. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

To report a name change only, you must submit an application which includes the legal documentation of the facility name change. No fee is required.

7. Per OAR 855-043-0520 the registered DPDO must maintain written policies and procedures for the management of drugs intended for dispensing, to include security, acquisition, storage, dispensing and drug delivery, disposal and record keeping. Below is general information on what the policies should include.
  - A. Drug Security
    - Who has access?
    - How are the drugs secured?
    - Controlled Substances?
  - B. Drug Acquisition
    - Where do you purchase drugs from?
    - Who verifies that the wholesaler, manufacturer or pharmacy is registered with the Oregon Board of Pharmacy?
  - C. Drug Storage
    - Where are drugs stored?
    - How is proper drug storage maintained?
  - D. Drug Dispensing, including preparation, labeling and delivery
    - Describe prescription filling, labeling and dispensing processes.
    - Detail all items included on prescription label.
    - Who performs the drug utilization review and final verification of all drugs dispensed?

**E. Drug Disposal**

- Who is responsible to quarantine and dispose of outdated, adulterated, or otherwise unwanted drugs?
- Which staff is permitted to perform these duties?
- How are drug recalls handled?

**F. Personnel**

- Staff Training
  - Initial and ongoing
- Accountability/Responsibility
  - Describe each personnel's responsibilities
- Drug Access

**G. Record Keeping/Documentation**

- Where and how are all related records to the above P&Ps stored?

**H. Other**

8. Oregon law **requires** each facility to conduct an annual self-inspection by completing a self-inspection form by **July 1st** annually.

The self-inspection form is available on the Board's website. This form must be completed and available for inspection by the Board. The purpose of the self-inspection is to ensure that the DPDO is in compliance with state and federal laws and rules governing the drug outlet.

9. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy/Pages/Laws-Rules.aspx/>. You may purchase a printed copy for \$25 (check the box on the application if you wish to purchase one or more sets).

Please be aware that your registration will be issued upon approval once all required paperwork and fee(s) are processed. A registration must be issued and in the possession of the facility prior to dispensing prescriptions to Oregon patients.

Dispensing Practitioner Drug Outlet Registrations expire March 31 and require a renewal fee annually. Fees are not prorated.



# APPLICATION FOR REGISTRATION

## DISPENSING PRACTITIONER DRUG OUTLET RETAIL DRUG OUTLET

(Expires March 31 Annually)  
Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)



FOR BOARD USE ONLY	[0344] \$140.00 [0326] \$ 25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____

### Please check all that apply:

- ☐ Dispensing Practitioner Drug Outlet
- ☐ Laws & Rules per set, please indicate quantity \_\_\_\_\_

**Fee: \$140.00**

**Fee: \$25.00**

**TOTAL ENCLOSED: \_\_\_\_\_**  
**ALL FEES ARE NON-REFUNDABLE**

### Type of Application – Check all that apply:

☐ New Facility Application – Effective Date: \_\_\_\_\_

☐ Existing facility application – Registration Number: DPDO- \_\_\_\_\_

A change of ownership or location **requires** the submission of a new application **and** registration fee **15 days prior to the change**.

☐ **Change of Location**

☐ **Change of Ownership** - Requires submission of legal documentation of change in ownership or control, for example, a stock purchase agreement and/or executed sale contract, etc.

☐ **Name Change Only** - Requires submission of legal documentation of name change (No fee required)

**Effective Date of Change:** \_\_\_\_\_

☐ **Registration Reinstatement** (Registration has been lapsed for a period of one year or more)

Please PRINT or TYPE

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

Facility Name or DBA: \_\_\_\_\_

Full Legal / Owner Name: \_\_\_\_\_

Oregon Secretary of State Active Business Registry Number: \_\_\_\_\_

The business registry is found at: <https://sos.oregon.gov/business/Pages/find.aspx>

Federal Tax ID # or Owner SSN: \_\_\_\_\_

Physical Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration & Renewal Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Licensing Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Licensing Contact Person E-mail Address: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Hours / Days Establishment is open: \_\_\_\_\_AM to \_\_\_\_\_PM \_\_\_\_\_Through\_\_\_\_\_

What days/times in the workweek is most suitable for a scheduled inspection?

Days of week:\_\_\_\_\_Times of day:\_\_\_\_\_

Facility Contact Person: \_\_\_\_\_Title:\_\_\_\_\_Contact Phone:\_\_\_\_\_

Facility Contact Person Email Address:\_\_\_\_\_

Does this facility dispense controlled substances? ☐ Yes\* ☐ No \*If yes, a copy of the DEA registration is required.

**Pease answer all of the following:**

1. Has disciplinary action been taken, or is any such action currently pending or proposed against any of the persons or establishments listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?  If "yes", attach a detailed explanation of the incident and describe any penalty incurred. Copies of all documents pertaining to discipline must be provided. This includes Notice of Disciplinary Actions, Board Orders, and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there any current investigation against any health-related profession license, certificate or registration of any of the persons or establishments listed on this application in any state, US jurisdiction, foreign authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Before purchasing a drug from any distributor, does facility verify registration to ensure vendor is legally authorized to sell the drug?  Online registration verification is available at <a href="https://orbop.mylicense.com/verification/">https://orbop.mylicense.com/verification/</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all practitioners that will dispense drugs registered / licensed appropriately with their healthcare board?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If a provider is not dispensing under the authority of their own healthcare board, a different or additional registration may be required.	
5. Is this facility a small business? A small business is defined as a corporation, partnership, sole proprietorship or legal entity, which is independently owned and operated from all other businesses and which has 50 or fewer employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**List dispensing practitioner names and license numbers below:**

Name:	License Number:

## Ownership Information

Type of Ownership:

- ☐ Publicly Held Corporation   ☐ Corporation   ☐ Limited Liability Company   ☐ Sole Proprietorship
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership   ☐ Charitable Organization
- ☐ Government / Educational Institution

**Owner Name** \_\_\_\_\_

**Parent Company Name (If owned by another entity)** \_\_\_\_\_

**Registered Agent – Name and Address (REQUIRED)** \_\_\_\_\_

**Complete the information below for all owners.** You must include the Registered Agent and at least one of the following: CEO, President, Owner, or Members of LLC. If a corporation, include the names of the corporate officers and the names of the stockholders who own the five largest interests.

- 1.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_
- 2.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_
- 3.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_



## **Facility Attestation Form**

**Part 1 – Responsible Party Information** - To be completed by an authorized individual of the applicant. This must be an individual who may legally sign on behalf of the business and is responsible for compliance with Oregon Laws and Rules.

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City, State, Zip: \_\_\_\_\_

**Part 2 – Attestation** - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute 689.405(1) The furnishing of false information is grounds to deny registration.

I swear or affirm that all information, statements, answers, and representations made in this application and the documents attached are true and correct, that the individuals at this facility are familiar with the laws and rules of the Oregon Board of Pharmacy as well as applicable federal laws, and that the business will be operated in compliance with all applicable laws and regulations.

I certify that if disclosed disciplinary action has been taken or is currently pending or proposed, the required documentation is attached to this application. I understand that failure to provide the required documentation may be grounds for denial of my application or disciplinary action against this facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

FINAL CHECKLIST:	
1.	Appropriate Fee Included?
<input type="checkbox"/> \$140.00 application or owner/location change fee <input type="checkbox"/> \$ 25.00 per set of Laws & Rules requested <b>Total Fee Enclosed:</b> _____	
2.	Required Documentation*– an application is incomplete if all requested documentation is not provided  *Priority processing will be given to complete applications - All applications submitted to the Board that are not complete and processed within 6 months will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.
A.	<input type="checkbox"/> Oregon Secretary of State Business Registry Number
B.	<input type="checkbox"/> If applicable, documentation including but not limited to fully executed Board Orders, disciplinary actions, exclusions, proposed disciplinary actions and/or pending investigations disciplinary and fully executed Board Orders must be provided along with a detailed explanation.
C.	<input type="checkbox"/> Legible 8.5"x11" Floor Plan of facility, drawn to scale (can be hand drawn).  Floor plan <b>must</b> include the following: <ul style="list-style-type: none"> <li>○ Sink(s)</li> <li>○ Refrigerators</li> <li>○ Windows - <b>Must note secured or unsecured</b></li> <li>○ Doors - <b>Must note secured or unsecured</b></li> <li>○ Drug Storage</li> </ul>
D.	<input type="checkbox"/> Copy of DEA registration if facility dispenses controlled substances
E.	<input type="checkbox"/> Completed Facility Attestation Form
F.	<input type="checkbox"/> All signatures

The undersigned hereby states that all the information contained in this application for registration is complete, true and correct, that they have read and are familiar with the applicable laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Partner, Etc.)

\_\_\_\_\_  
Date

ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)