2025
DISPENSING PRACTITIONER DRUG OUTLET
(DPDO) SELF-INSPECTION FORM

ATTENTION: MEDICAL DIRECTOR OR DESIGNATED REPRESENTATIVE

Failure by the DPDO to complete this form by July 1, 2025, may result in disciplinary action (OAR 855-043-0560**(1))**.

OAR 855-043-0510

- **(1)** Unless subject to an exemption in OAR 855-043-0510(2), a practitioner's facility that engages in dispensing FDA-approved human prescription drug therapies must register the dispensing site with the board as a DPDO.
- **(2)** A practitioner's facility is exempt from this registration requirement if the practitioner and facility only engage in:
  (A) Dispensing FDA approved drug samples; or
  (B) Dispensing Medication Assistance Program (MAP) drugs; or
  (C) Dispensing homeopathic products; or
  (D) Dispensing natural thyroid supplemental products; or
  (E) Dispensing a small amount of drugs to start therapy or incidental to a procedure or office visit, up to a 72 hour supply; or
  (F) An amount greater than a 72 hour supply if the drug is:
    (i) A drug in the manufacturer's original unit-of-use packaging, such as a metered-dose-inhaler or bottle of fluoride rinse; or
    (ii) 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.

Requirements: A DPDO must comply with all applicable state and federal laws and rules. **This form must be provided to the Board immediately upon request at the time of inspection and retained for 3 years in compliance with laws and rules**.

Scope: The primary objective of completing the self-inspection is to identify and correct areas of non-compliance with any state and federal laws and rules. This process is not exhaustive, however, and laws and rules often change between annual updates to this form. Subsequently, it is your responsibility to ensure compliance with any changes, or applicable laws and rules, not referenced herein.

Internal Use: Following completion of the self-inspection form, ensure it is signed and dated, reviewed by all staff, and filed in a conspicuous manner (DO NOT SEND to the agency office). It is advisable to store the documents in a binder, using tabs to partition and organize where possible. Otherwise, please CLEARLY indicate on the form where auxiliary documents are located.

Agency Use: During an inspection, Compliance Officers use the self-inspection form as a general guide to assess drug outlet compliance. DPDO staff should be prepared and able to retrieve this form and locate any auxiliary documents referenced within, at the time of inspection

Email all compliance-related questions to: pharmacy.compliance@bop.oregon.gov

2025
DISPENSING PRACTITIONER DRUG OUTLET
(DPDO) SELF-INSPECTION FORM

Date Self-Inspection Completed: _____ / _____ / _____

Outlet Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____-_____ Fax: (_____) _____-_____

Medical Director Name: _____

Medical Director Work Email: _____

Medical Director/Phone Number: (_____) _____-_____

Dispensing Practitioners' Names and License Numbers:

Name	Healthcare License Type, # and Exp Date	DEA License # and Exp Date
1.		
2.		
3.		
4.		

INSTRUCTIONS:
Verify compliance of each section by marking the corresponding box. Should any non-compliance be identified, rectify the deficiencies and record the correction date.

Yes	No			Rule Reference
☐	☐	1.	Does the outlet have policies and procedures for drug security, acquisition, storage, dispensing and drug delivery, disposal, and record keeping? Where are they located? _____ _____ _____	OAR 855-043-0520

Yes	No			Rule Reference
☐	☐	2.	Does the outlet keep all drugs in a locked drug cabinet or drug storage area that denies access to unauthorized persons and remains locked and secured when not in use?	OAR 855-043-0525
☐	☐	3.	Does the outlet only acquire drugs from an Oregon registered Drug Outlet (e.g. Wholesaler, Manufacturer, Pharmacy, etc.)? Name of suppliers and OBOP registration numbers: _____ _____ _____ Where are the invoices located? _____ _____ **Note:** Registrations can be verified through the following link: https://orbop.mylicense.com/verification/	OAR 855-043-0530 OAR 855-065-0006(1) OAR 855-060-0004(1)
☐	☐	4.	Are all drugs stored in appropriate conditions with regards to temperature, light, humidity, sanitation, ventilation, and space? How are proper temperatures ensured and maintained? _____ _____ _____	OAR 855-043-0535
☐	☐	5.	Are all recalled, outdated/expired, damaged, deteriorated, suspect, illegitimate, misbranded, or adulterated drugs properly quarantined and physically separated from other drugs until destroyed or returned to the supplier? Where does the outlet keep drugs quarantined, awaiting destruction or disposal? _____ _____	OAR 855-043-0550
☐	☐	6.	Are all prescription drugs personally dispensed by the practitioner or as authorized by the practitioners licensing board?	OAR 855-043-0545(1)
☐	☐	7.	Are all prescriptions properly labeled? • Name of patient • Name of prescriber • Name, address, and phone number of the clinic • Date of dispensing • Drug name and strength – when a generic name is used, the label must also contain the identifier of the manufacturer or distributor • Quantity dispensed • Directions for use • Cautionary statements, if any, as required by law; and • Expiration dates after which patient may not use.	OAR 855-043-0540

Yes	No			Rule Reference
			○ Must be the same as that on the original container or one year from the date the drug was originally dispensed and placed in the new container, whichever date is earlier. ○ Any drug expiring before the expected length of time for course of therapy must not be dispensed. • Physical description, including any identification code that may appear on tablets and capsules (unless in unit dose or unit of use packaging).	
☐	☐	8.	Are dual language prescription labels available in each of the 14 required languages, and provided upon request by the patient or patient's agent? **Note:** The prescription must bear a label in **both** English and the language requested.	OAR 855-043-0541
☐	☐	9.	Are drugs dispensed in compliance with the current provisions of the Poison Prevention Packaging Act in CFR Title 16, Chapter II, Subchapter E, Parts 1700 – 1702 (01/01/2023)?	OAR 855-043-0545(4)
☐	☐	10.	Is a Medication Guide provided directly to every patient (or their agent) when dispensing a prescription drug requiring it, unless an exemption under § 208.26 applies? FDA Medication Guide Database	OAR 855-043-0545(9) 21 CFR 208.24(e) 21 CFR 208.26
☐	☐	11.	Are all of the following requirements met for each prescription that is delivered or mailed to a patient? • Drug is maintained in proper storage conditions • Offer for direct counseling is provided in writing, along with instructions on how to contact the practitioner, and information about the drug, including but not limited to: ○ Drug name, class, and indications ○ Proper storage and use ○ Common side effects ○ Precautions and contraindications ○ Significant drug interactions	OAR 855-043-0545(7)
☐	☐	12.	Is staff aware that a DPDO may not accept the return of drugs from a previously dispensed prescription and must maintain a list of sites in Oregon where drugs may be disposed? https://medtakebackoregon.org/	OAR 855-043-0545(6)
☐	☐	13.	Is a unique dispensing record maintained and kept for a minimum of 3 years? Where are the records kept? _____ _____ _____	OAR 855-043-0555(1)

Yes	No			Rule Reference
☐	☐	14.	Does the dispensing record contain all of the following required elements? • Name of patient • Unique identifier (“prescription number”) • Drug name (brand or generic name, plus manufacturer or distributor), dose, dosage form, and quantity dispensed • Directions for use • Date of dispensing • Initials of person dispensing the prescription	OAR 855-043-0555
☐	☐	15.	Are all records for the receipt and disposal of drugs kept for a minimum of three years? Where are the records kept? _____ _____ _____	OAR 855-043-0555

I hereby certify that to the best of my knowledge, this outlet is compliant with all applicable laws and rules, and that the answers marked on this form are true and correct.

Date: _____ / _____ / _____

Dispensing Practitioner or Medical Director Printed Name and Title: _____

Signature: _____