

2022
Dispensing Practitioner Drug Outlet
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 record.

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

Drug Outlet License Number:	_____	PDO-
Owner, Corp or LLC Name:	_____	
Federal Tax ID Number:	_____	

Physical Location Address:	_____
City, State, Zip:	_____
Phone / Fax Number:	_____

Does this facility dispense controlled substances? <input type="checkbox"/> Yes* <input type="checkbox"/> No
*If yes, please provide a copy of the DEA registration.
DEA Number (If Applicable): _____

IS THIS THE ADDRESS ABOVE THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS? (If no, please complete mailing address below)

____ YES ____ NO	Contact Person: _____
Mailing Address: _____	Contact Number: _____
City, State, Zip: _____	Contact E-mail: _____

PLEASE FILL IN THE APPROPRIATE OWNERSHIP INFORMATION.

Please provide the name, title, address, and email of the Owner, CEO, President, Partners, or Members of LLC.			
Name & Title: _____	Name & Title: _____	Address: _____	Address: _____
Address: _____	Address: _____	City, State, Zip: _____	City, State, Zip: _____
City, State, Zip: _____	City, State, Zip: _____	Email: _____	Email: _____
Email: _____			
Name & Title: _____	Name & Title: _____	Address: _____	Address: _____
Address: _____	Address: _____	City, State, Zip: _____	City, State, Zip: _____
City, State, Zip: _____	City, State, Zip: _____	Email: _____	Email: _____
Email: _____			
State in which Incorporated: _____			

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

List dispensing practitioner(s) names and license numbers below:

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 practitioners that will dispense drugs registered / licensed appropriately with their healthcare board?*

*If a provider is not dispensing under the authority of their own healthcare board, a different or additional registration may be required.

Yes No* Policies and procedures for this outlet have not changed or if changed, have been reviewed and approved since last renewal.

* If "no", attach the new or updated policies and procedures for review and approval. See DPDO application on the Board's website for requirements for submission.

Yes No Our Annual Self-Inspection form has, or will be completed by February 1 per OAR 855-043-0560(1)?

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