

2022
Drug Room
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.

Drug Outlet License #: _____
Institution Name: _____
Federal Tax ID Number: _____

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

Physical Location Address: _____
City, State, Zip: _____
Phone / Fax Number: _____
IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?
____ YES ____ NO (If no, please complete mailing address below)
Mailing Address: _____
City, State, Zip: _____

Please provide the following information for your Consultant Pharmacist:	
Consultant Pharmacist: _____	
Oregon Pharmacist License #: _____	
Consultant Pharmacist Email: _____	

Is this Drug Room associated with a licensed Retail (RP) or Institutional (IP) Pharmacy? If Yes, list the pharmacy license number below:

Licensing Contact Person: _____
Licensing Contact Phone: _____
Licensing 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: _____
City, State, Zip: _____	City, State, Zip: _____
Email: _____	Email: _____
Name & Title: _____	Name & Title: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Email: _____	Email: _____

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

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