



**APPLICATION FOR REGISTRATION
DRUG ROOM (DR)**
(Expires March 31 Annually)

APPLICATION REQUIREMENTS

- ☐ **\$140.00 application fee**
 - **\$280.00 if storing or handling controlled substances**
- ☐ **Controlled substance application**
 - If facility does not handle controlled substances, box indicating “Not Applicable” must be marked.
 - If applying for a change or reinstatement of a Controlled Substance Registration, a copy of your current DEA registration must be submitted.
- ☐ **If you answer “YES” to any disciplinary action questions** then disciplinary actions, pending disciplinary actions, fully executed Board orders and a detailed explanation must be provided. You must indicate which disciplinary actions being reported are for the facility listed on this application.
- ☐ **Legible 8.5” x 11” floor plan**, which clearly identifies:
 - drug location
 - drug storage
 - drug security
 - secure windows
 - secure doors
- ☐ **Oregon Secretary of State – (SOS) Business Registry Information** Your Oregon Secretary of State Business Registry is separate from your Oregon Board of Pharmacy registration. You must provide your business registry information as part of your application or renewal process.

For more details and to find your business information, visit the Oregon Secretary of State Business Registry found at <https://sos.oregon.gov/business/pages/find.aspx>. Additional information regarding business registration and business registration FAQs will also be found on the Secretary of State website.

***Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months from applicant’s signature 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.

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
pharmacy.licensing@bop.oregon.gov

Please read the following instructions to apply for registration as a Drug Room.

1. Oregon Administrative Rule Chapter 855, Division 041 (OAR 855-041-06100, OAR 855-041-6550, OAR 855-041-6840) contains additional information and requirements regarding a Drug Room Registration.
2. All applications must include a legible 8.5" x 11" floor plan, drawn to scale (can be hand drawn). Floor plan must clearly identify drug location, drug storage, drug security, secure windows and secure doors.
3. Each company or location address, even if under common ownership, must submit a separate application for registration.
4. You must pay a registration fee for each application for **a New Registration, an Ownership Change or a Location Change. All fees are nonrefundable.**

Examples of a required ownership change application include but are not limited to 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.

5. **Oregon Controlled Substance Registration.** A Controlled Substance registration is required for all outlets that store controlled substances.
 - A Controlled Substance registration is not an independent registration
 - It must be issued in conjunction with a Drug Outlet Registration
 - If required, you must submit a copy of your DEA registration along with your application.
 - If your facility does not handle controlled substances, please check the box **"Not Applicable"** on the Controlled Substance Application
 - The controlled substance fee is **not** required if the application is marked **"Not Applicable"**

Your registration is to be in your possession PRIOR to performing the functions outlined in Oregon Administrative Rules relating to Drug Rooms.

Registration Approval Your registration will be issued only after the following steps are completed

- Submission of a completed application
- Inclusion of all required items listed above
- Payment of associated fees
- Review and approval of your application

Expiration and Renewal

- Drug Room Registrations expire **annually on March 31**.
- Fees are **not prorated**.
- Renewal notices will be mailed out in **mid-January** each year.

APPLICATION FOR REGISTRATION

DRUG ROOM

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



FOR BOARD USE ONLY

[0309] \$140.00

[0310] \$140.00

RECEIPT # _____
 CHECK # _____
 ENTERED BY _____
 PERSON ID # _____
 APPLICANT ID # _____

Please check all that apply

- ☐ Drug Room
☐ Controlled Substance Registration

Fee \$140.00**Fee \$140.00****ALL FEES ARE NONREFUNDABLE****Check all that apply**

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

- ☐ New Facility ☐ Change of Ownership ☐ Change of Location* ☐ Reinstatement of Lapsed Registration*
☐ Name Change Only*—Current Facility Name (no fee required)

Current Registration Number: _____

(*Required - change of location, reinstatement or name change)

DEMOGRAPHIC INFORMATION

Federal Tax ID (FEIN) #	Oregon Secretary of State Business Registry #		
Trade or Business Name (DBA)			
Full Legal/Owner Name			
Physical Location Address			
City	State	Zip	
Facility Phone	Fax		
Facility Contact Name and Title			
Contact Phone	Contact Email		

Registration and Renewal Mailing Address
(If different from Physical Address)

City	State	Zip	
Licensing Contact Name	Licensing Contact Title		
Licensing Contact Phone	Licensing Contact Email		

CHANGE OF OWNER INFORMATION

Previous Name of Facility	Previous Registration Number	
Previous Name of Legal Owner	Effective Date of Ownership Change	

CHANGE OF LOCATION INFORMATION

Previous Address of Facility	
City	State Zip

OWNERSHIP INFORMATION – Attach additional completed pages if you need more space									
Type of Ownership <input type="checkbox"/> Publicly Held Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership – Including Limited Liability Partnership and Limited Partnership <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Government / Educational Institution									
REGISTERED AGENT									
Name									
Address									
City				State				Zip	
Contact Phone					Contact Email				
OWNERS - Complete the information below for all owners. You must include 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.									
Name & Title							SSN/FEIN		
Address									
City				State				Zip	
Contact Phone					Contact Email				
Name & Title							SSN/FEIN		
Address									
City				State				Zip	
Contact Phone					Contact Email				
Name & Title							SSN/FEIN		
Address									
City				State				Zip	
Contact Phone					Contact Email				
Name & Title							SSN/FEIN		
Address									
City				State				Zip	
Contact Phone					Contact Email				
Name & Title							SSN/FEIN		
Address									
City				State				Zip	
Contact Phone					Contact Email				

FACILITY INFORMATION			
Type of Facility	<input type="checkbox"/> Institutional – Hospital	<input type="checkbox"/> Institutional – Clinic	<input type="checkbox"/> Institutional
Consultant Pharmacist Name			
Consultant Pharmacist Work Email			
Consultant Pharmacist Phone			
Outlet inspection Contact Email			
Facility Website (if applicable)			

QUESTIONS	
<p>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?</p> <p>If “yes”, attach a detailed explanation of the incident and describe any penalty incurred. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Is this facility a small business?</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Does this facility store controlled substances?</p> <p>If “yes”, you must fully complete pages 4 & 5 of this application. If not applicable, indicate on page 4.</p> <p><i>Oregon Schedules of Controlled Substances may be found at https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3987 and may be different from the Federal schedules. You must comply with the most stringent.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSULTANT PHARMACIST ATTESTATION	
<p>As the consultant pharmacist for this facility’s drug room, I am responsible for this facility complying with all applicable State and Federal Laws and Rules governing the practice of Pharmacy. A copy of my current pharmacist certificate is displayed in the drug room.</p> <p>I also understand that under ORS 689.405(1) the furnishing of any false information is grounds for denial of registration.</p>	
<hr/> Print Name of Consultant Pharmacist	<hr/> Pharmacist License Number
<hr/> Signature of Consultant Pharmacist	<hr/> Date

CONTROLLED SUBSTANCE APPLICATION
Application for registration under the
Oregon Controlled Substance Act

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY [0310] \$140.00

RECEIPT # _____
CHECK # _____
PERSON ID # _____

CONTROLLED SUBSTANCE APPLICATION

FEE \$140.00

ALL FEES ARE NONREFUNDABLE

REQUIRED - Check all that apply
is grounds to deny registration

WARNING ORS 689.405(1) The furnishing of false information

☐ **Not Applicable**

☐ New Facility ☐ Change of Ownership ☐ Change of Location* ☐ Reinstatement of Lapsed Registration*

☐ Name Change Only*—Current Facility Name (no fee required)

Current Registration Number*

(* **Required** - change of location, reinstatement or name change) _____

DEMOGRAPHIC INFORMATION

Federal Tax ID (FEIN) #		Oregon Secretary of State Business Registry #	
Trade or Business Name (DBA)			
Full Legal/Owner Name			
Physical Location Address			
City	State	Zip	
Facility Phone	Fax		
Facility Contact Name	Contact Phone	Contact Email	

Registration and Renewal Mailing Address
(If different from Physical Address)

City	State	Zip	
Licensing Contact Name	Licensing Contact Title		
Licensing Contact Phone	Licensing Contact Email		

CHANGE OF OWNER INFORMATION

Previous Name of Facility	Previous Registration Number	
Previous Name of Legal Owner	Effective Date of Ownership Change	

CHANGE OF LOCATION INFORMATION

Previous Address of Facility			
City	State	Zip	

APPLICANTS FOR A CONTROLLED SUBSTANCE REGISTRATION MUST ANSWER THE FOLLOWING	
1. Are you currently registered to store, administer, dispense or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have any of the persons or establishments listed on this application been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If the applicant is a corporation, association or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any of the persons or establishments listed on this application ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the applicant is a corporation, association, or partnership, has any officer, partner, or stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="center">IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</p>	
CURRENT FEDERAL REGISTRATION NUMBER	
Drug Schedules (Check Applicable Boxes)	<input type="checkbox"/> Schedule I <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule II N <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule III N <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V
Attach a list of stocked Schedule I Drugs (if applicable)	<input type="checkbox"/> Narcotic <input type="checkbox"/> Non-Narcotic
SIGNATURE	
<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Signature of Authorized Individual</div> <div style="width: 45%;">Date</div> </div>	

(You must submit a copy of the applicable DEA registration along with this application.)



FACILITY ATTESTATION				
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.		
Name and Title				
Facility Name				
Facility Address				
City		State	Zip	
Contact Phone				
Contact Email				
Part 2 - Attestation		To be completed by the responsible party listed above (person who may legally sign for the business). <i>Must be manually signed in ink.</i> <i>Per Oregon Revised Statute 689.405(1) The furnishing of false information is grounds to deny registration.</i>		
<p>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.</p> <p>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 report disciplinary action and provide the required documentation may be grounds for denial of my application or disciplinary action against this facility.</p>				
<hr/>				
Printed Name				
<hr/>				
Signature (must be manually signed in ink)			<hr/>	
			Date	

FINAL CHECKLIST	
1.	<p>Appropriate Fee Included?</p> <p><input type="checkbox"/> \$140.00 application (new registration) or owner/location change fee</p> <p><input type="checkbox"/> \$140.00 Controlled Substance application (new registration) or owner/location change fee (if applicable)</p>
2.	<p>Required Information and attachments – an application is incomplete if all requested information and documentation is not provided. Be sure to include all the following:</p> <p><input type="checkbox"/> Oregon Secretary of State (SOS) Business Registry Number Found at https://sos.oregon.gov/business/pages/find.aspx</p> <p><input type="checkbox"/> Controlled substance application -please be sure to check the correct box on page 4. <input type="checkbox"/> Copy of DEA registration if applicable</p> <p><input type="checkbox"/> All questions answered</p> <p><input type="checkbox"/> Registered agent</p> <p><input type="checkbox"/> Owners</p> <p><input type="checkbox"/> Signed Facility Attestation</p> <p><input type="checkbox"/> Legible 8.5"x11" Floor Plan of facility, drawn to scale (can be hand drawn) which clearly identifies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> drug storage <input type="checkbox"/> drug security <input type="checkbox"/> secure windows <input type="checkbox"/> secure doors <p><input type="checkbox"/> If you answer "YES" to any disciplinary questions then disciplinary actions, pending disciplinary actions, fully executed Board orders and a detailed explanation must be provided. You must indicate which disciplinary actions being reported <u>are for the facility listed on this application.</u></p>
3.	<p><input type="checkbox"/> All signatures (pages 3, 5, 6, 7)</p>

<p>Application Signature</p> <p>(applications expire 6 months after date of signature)</p>	<p>To be completed by authorized individual completing application.</p> <p><i>Per Oregon Revised Statute 689.405(1) The furnishing of false information is grounds to deny registration.</i></p>
<p>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.</p>	
<p>Printed Name</p>	<p>Title</p>
<p>Signature</p>	<p>Date</p>

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