



**APPLICATION FOR REGISTRATION
UNDER OAR 855-007 PUBLIC HEALTH EMERGENCY RULES
COVID-19 VACCINE - DRUG ROOM**

This registration is pursuant to Oregon Administrative Rules 855-007 for the purpose of storing and distributing COVID-19 vaccines from a long-term drug storage area that is approved by the board, complies with storage and security requirements and is not otherwise registered as a drug outlet.

Please PRINT or TYPE

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

Trade or Business Name (DBA): _____

Full Legal / Owner Name: _____

Federal Tax ID # or Owner SSN: _____

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX # _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

Associated Pharmacy Registration Number: _____

Address: _____

City, State, Zip: _____

Licensing Contact Person: _____ Title _____ Contact Phone _____

Licensing Contact Person E-mail Address: _____

Description of Drug Room compliance with [OAR 855-041-1036](#) Proper Storage of Drugs: _____

Description of Drug Room compliance with [OAR 855-041-1020](#) Security of Prescription Area: _____

Names of pharmacy personnel who will have authorized access to the Drug Room: _____

As the Pharmacist In Charge (PIC) for the pharmacy associated with this Drug Room, I am responsible for complying with all applicable State and Federal Laws and Rules governing the practice of pharmacy.

I also understand that under ORS 689.405(1) the furnishing of any false information is grounds for denial of registration.

Print Name of PIC

Signature of PIC

Date

Mail completed application and floor plan which includes the location of the drug room to pharmacy.licensing@bop.oregon.gov.