



APPLICATION FOR REGISTRATION
CONSULTING OR DRUGLESS PHARMACY
IN AND OUT OF STATE

(Expires March 31 Annually)

APPLICATION REQUIREMENTS:

- \$225.00 application or owner/location change fee.** All fees are nonrefundable.
- A description of the organization as well as policies and procedures for review and approval.** (See attached checklist of required documentation)
- Copy of Resident State license/registration AND license/registration verification from Resident State** (required only for applicants located outside of Oregon). Online license/registration verifications accepted. Business name and owners listed on this application must match resident state verification.
- Copy of most recent inspection report** (required only for applicants located outside of Oregon).
- If you answer “YES” to any disciplinary action questions**, including pending disciplinary actions, all notices, citations, etc. and fully executed Board orders must be provided along with a detailed explanation.
- Legible 8.5” x 11” floor plan** which identifies all windows and doors. Windows and doors must be marked as secured or unsecured.

***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 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 for applicants for registration as a Consulting or Drugless Pharmacy.

A facility registered as a Consulting or Drugless pharmacy must establish a secure environment where a consulting pharmacist can provide pharmaceutical care and store health protected information in a single physical location. This location may be an office located in a home or other secure location. Registration is not required if records used or generated by a consulting pharmacist are stored in a location registered by the Board as a retail or institutional drug outlet or if the location is under the control of a practitioner who uses the services of the consulting pharmacist.

1. Oregon Administrative Rule [Chapter 855, Division 041](#) lists those persons who are required to register as a Consulting or Drugless Retail / Institutional Drug Outlet.
2. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until your registration is issued.
3. **NEW OR RELOCATED PHARMACIES must submit a legible 8.5” x 11” floor plan**, drawn to scale (can be hand drawn), which identifies all windows and doors. Windows and doors must be marked as secured or unsecured.
4. Each company or location address, even if under common ownership, must submit a separate application for registration.

5. You must pay a registration fee for each application for a **New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **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.

If you are completing these forms to report a **Name Change** only, you do not pay a fee.

6. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) **Applications for out-of-state pharmacies will not be processed without this verification.**

To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency **with your application(s)**. License verifications must be original and not tampered with, including the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of the facility's resident license or registration.

7. Outlets applying for Consulting or Drugless Pharmacy Registration **MUST** include the required documentation outlined on the attached **Checklist of Documents required for a Consulting / Drugless Pharmacy (items 1 - 7)**.

If the consulting / drugless pharmacy seeks to allow pharmacists to work remotely at an off-site (home) location, policies and procedures **must** include the following:

A. Confirmation of a dedicated workspace at home, which shall be reviewed by outlet and PIC (prior to utilization)

B. Describe how work space is equipped with the ability for outlet to view home location at any time, via audio/video, real-time connection to provide supervision at all times

- i. Must include ongoing QA to perform random "check-ins" to ensure patient safety
- ii. Dispensing pharmacy to maintain list of remote pharmacists and locations

*The Oregon Board of Pharmacy maintains the right to inspect the dedicated home workspace at any time.

NOTE: Non-pharmacist staff may not work offsite.

9. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy>. You may purchase a set for \$25 (check the box on the application if you wish to purchase one or more sets).

Please be aware that your registration(s) will be issued upon approval once all required paperwork and fee(s) are processed. Your registration is to be issued **PRIOR** to doing business in Oregon. Consulting or Drugless Pharmacy Retail and Institutional Drug Outlet Registrations expire March 31, annually, and fees are not prorated. Renewals are due and must be post-marked by February 28, annually, which is one (1) month prior to the expiration date of your license. Renewal notices will be sent out mid-January.

Checklist of documents required for a Consulting / Drugless Pharmacy:

This information must be submitted with your application for review and approval.

Please provide a detailed response to the following required information below. The corresponding number and policy and procedure with applicable page number **must** be submitted with each description. An application is **not complete** until all items have been received, clearly identified, and are compliant with Oregon laws and Rules.

Please note the following: Upon Board issuance, registrant agrees that all information provided as part of the application, including policy and procedures, may not be altered without written Board approval and any deviation may be considered unprofessional conduct and grounds for discipline.

1. **Patient Safety** - Provide a description of how your consulting or drugless pharmacy will be utilized to provide patient safety and health.

2. **Operations:**
 - 2a. Provide a detailed operational plan.
 - 2b. Provide description of workflow.
 - 2c. Identify retail or institutional focus.
 - 2d. Identify location of consulting pharmacy and provide a floor plan.
 - 2e. Identify responsibilities of the Pharmacist-in-Charge, pharmacist, and other staff.
 - 2f. Identify any restrictions of staff.
 - 2g. Provide hours of operation and hours that pharmacist(s) will be at consulting pharmacy.
 - 2h. List, if any, of non-licensed personnel. Include a list of their duties and responsibilities.
 - 2i. Identify training requirements of non-pharmacists to work at the pharmacy.
 - 2j. Identify if pharmacy will create and/or transfer prescriptions or orders. If yes, provide procedures.
 - 2k. Outline responsibilities and scope of service(s).
 - 2l. Include Operational Quality Assurance Program.

3. **Policies and Procedures:** Please submit policies and procedures for the following:
 - 3a. Protecting confidentiality, ensuring integrity of patient information, and upholding HIPAA Agreements.
 - 3b. Compliance with all applicable federal and state laws and rules.
 - 3c. Utilization of computer systems including security, password protection, and lockout level.

4. **Security:**
 - 4a. Identify how pharmacy will be secured after hours.
 - 4b. Identify how records will be stored and secured and answer the following questions in your proposal.
 - i. Is data read only?
 - ii. Are terminals password protected to avoid access from unauthorized personnel?
 - iii. Are hardcopy files containing health-protected information secured in the pharmacy?
 - iv. Are electronic records containing health-protected information secured in the pharmacy?
 - v. Are electronic records containing health-protected information that are stored in a web-based platform encrypted and secured?

5. Personnel:

- 5a. Identify Pharmacist-in-Charge and provide Oregon Board of Pharmacy license number.
- 5b. Identify all consulting pharmacists and provide Oregon Board of Pharmacy license number for each consulting pharmacist.
- 5c. Identify all non-pharmacist personnel and include a job description for each position.

If Pharmacists are allowed to work remotely at an off-site location, you must include the following necessary elements of remote processing:

6. Policies and Procedures: Please submit policies and procedures for the following:

- 6a. The responsibilities of the remote processing pharmacy and the dispensing pharmacy
- 6b. Protecting confidentiality and ensuring integrity of patient information.
- 6c. Compliance with all applicable federal and state laws and rules.
- 6d. Records sufficient to identify by name, initials or unique identification code, the identity and specific activities of each pharmacist or technician who performed any processing function, and the location where each activity was performed.
- 6e. Documentation of any errors or irregularities identified by the quality assurance program

7. If pharmacist is working remotely: Policies and Procedures must include the following:

- 7a. Confirmation of a dedicated workspace at home, which shall be reviewed by outlet and PIC (prior to utilization)
- 7b. Describe how work space is equipped with the ability for outlet to view home location at any time, via audio/video, real-time connection to provide supervision at all times
 - i. Must include ongoing QA to perform random “check-ins” to ensure patient safety
 - ii. Dispensing pharmacy to maintain list of remote pharmacists and locations

*The Oregon Board of Pharmacy maintains the right to inspect the dedicated home workspace at any time.

ADDITIONAL INFORMATION MAY BE REQUESTED

APPLICATION FOR REGISTRATION

RETAIL OR INSTITUTIONAL DRUG OUTLET

Consulting or Drugless Pharmacy

In and Out of State

(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 [0305] \$175.00 [0326] \$ 25.00

RECEIPT # _____

CHECK # _____

ENTERED BY _____

PERSON ID # _____

APPLICANT ID # _____

Please check all that apply:

- Retail Consulting / Drugless Pharmacy
Laws & Rules per set, please indicate quantity

Fee: \$225.00
Fee: \$ 25.00

ALL FEES ARE NON REFUNDABLE

Type of Application - Check all that apply:

- New Facility Application - Start / Effective Date:
Retail Drug Outlet Institutional Drug Outlet
Change of Ownership or Location - Effective Date of Change:

A change of ownership or location requires the submission of a new application and registration fee within 15 days.

Registration Number: _____

Legal documentation of the change in ownership or control, for example, a stock purchase agreement and/or and executed contract for sale, etc.

- Registration Reinstatement (Registration has been lapsed for a period of one year or more)

Registration Number: _____

- Name Change Only

Registration Number: _____

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: _____ NABP Eprofile #: _____

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX #: _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

OPERATION OF PHARMACY

Consulting or Drugles Pharmacy - per OAR 855-041-3315, each pharmacy must have one pharmacist-in-charge. The pharmacist in charge must hold a license to practice pharmacy in the state of Oregon and in the state in which the pharmacy is located if the pharmacy is out-of-state. The pharmacist-in-charge must be in good standing with both licensing Boards employed on a regular basis at that location who shall be responsible for the daily operation of the pharmacy. The pharmacist-in-charge shall be indicated on the application for a new or relocated pharmacy and for pharmacy renewal registration.

I understand that I must complete an inspection utilizing the PIC Self-Inspection form, found on the Board's website, within 15 days of becoming PIC. I acknowledge reading and understanding the responsibilities of a pharmacist-in-charge and the requirement to comply with Oregon laws and rules.

I am providing the required policies and procedures addressing all items listed on the Board provided checklist, and I understand that policies and procedures **will not be changed** without written Board approval.

Pharmacist-in-Charge (please print)

Oregon Pharmacist License No.

Signature of Pharmacist-in-Charge

Date

Email Address

FINAL CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$225 Consulting / Drugless application or owner/location change fee <input type="checkbox"/> \$225 renewal fee* *Only applicable if application is postmarked in the period of January 1 through March 31 annually. <input type="checkbox"/> \$25 per set of Laws & Rules requested Total Fee Enclosed: _____
2.	Required Documentation* – an application is incomplete if all requested documentation is not provided *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 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.
A.	<input type="checkbox"/> Copy of Resident State license/registration AND license/registration verification from Resident State (required only for applicants located outside of Oregon). Online license/registration verifications accepted. Business name and owners listed on this application must resident state verification.
B.	<input type="checkbox"/> If you answer "YES" to question 1, disciplinary actions, pending disciplinary actions and fully executed Board Orders must be provided along with a detailed explanation.
C.	<input type="checkbox"/> Policies and procedures that include all of the required documentation listed on page 1 for registration as a consulting or drugless pharmacy. Please clearly identify each of the required sections. Not providing page numbers, which identify the required information on the checklist of required documentation, will significantly increase the time it takes to review the policies and procedures.
D.	<input type="checkbox"/> Legible 8.5"x11" Floor Plan of facility, drawn to scale (can be hand drawn). Floor plans must identify the location of sinks, refrigerators, windows and doors. You must note whether windows/doors are secured or unsecured.
E.	<input type="checkbox"/> Copy of most recent inspection report (required only for applicants located outside of Oregon).
F.	<input type="checkbox"/> All signatures

Signature

Title (Owner, Partner, Etc.)

Date

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

LICENSE VERIFICATION REQUEST FORM



OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.oregon.gov/pharmacy

Out-of-State Establishments Only

Resident State License/Registration Verification Form (required for all facilities located outside the State of Oregon). Applications for out-of-state facilities will not be processed without this verification.

To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency with your application(s). License verifications must be original and not tampered with, including the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of your license or registration. If your resident state does not issue you any type of professional or business license, attach an original letter from the state agency that licenses drug outlets stating that you do not need a license.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. You must also attach a photocopy of your registration or license.

Resident State
License Number _____
License Type _____
Business Name _____
Physical Address _____
City, State, Zip Code _____

To be completed by Resident State licensing/regulatory board or agency and returned to the applicant:

The outlet listed above has applied for a retail/institutional drug outlet registration with the Oregon Board of Pharmacy. This registration is required of any pharmacy located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this establishment has a current license or registration and is in good standing with its resident state is required for our licensing process. Please complete the section below and return it to the applicant.

The outlet listed above holds a current, unrestricted license or registration with our agency and has no disciplinary action pending.

Other (please explain): _____

Print Name & Title

Authorized Signature

Date

(State Seal Required)