2022

Home Dialysis Drug Outlet Supplemental Information Form

Oregon Board of Pharmacy 800 NE Oregon St., Suite 150 Portland, Oregon 97232

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

You must complete ALL fields of this required form and return with your payment. This form will be used to update your file.

Drug Outlet License Number:	Pharmcist In Charge (PIC):
Pharmacy Name (DBA):	PIC License Number:
Owner, Corp or LLC Name:	PIC Start Date (MM/YY)
Federal Tax ID Number:	
	Name of Remote Processing Pharmacy Affiliate:
Physical Location Address:	(If Applicable)
City, State, Zip:	Pharmacy License Number:
Phone / Fax Number:	Pharmacy Address:
	City, State, Zip
IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?	
YESNO (If no, please complete mailing address below)	
Mailing Address:	Contact Person:
City, State, Zip:	Contact Number:
	Contact E-mail:
PLEASE FILL IN THE APPROPRIATE OWNERSHIP INFORMATION.	
Please provide the name, title, address, and email of the Owner, CEO, Preside	nt, 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:
State in which Incorporated: Page	e 1 of 2 Supplemental Information Form 2022

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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		
peen 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?		
SIGNATURE OF AUTHORIZED PERSON	DATE	
PLEASE PRINT FIRST AND LAST NAME	TITLE	
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