



APPLICATION FOR REGISTRATION
MEDICAL DEVICE, EQUIPMENT & GAS (MDEG) DRUG OUTLET
(CLASS C - NONPRESCRIPTION)
REQUIRED FOR RETAIL SALES
IN AND OUT OF STATE
(Expires January 31 Annually)

APPLICATION REQUIREMENTS:

- \$105.00 application or owner/location change fee** All fees are nonrefundable.
- Active Oregon Secretary of State business registration - Must be verifiable on the Secretary of State's Business Registry Database found at <http://sos.oregon.gov/business>**
- Fully completed, signed application and documentation**
 - This includes signed, legal documentation for all owner changes.
 - Additional information may be requested to complete the application.
- Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 90 days 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 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
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Please read the following instructions for applicants for registration as a Nonprescription Drug Outlet Class C (MDEG).

1. A MDEG Outlet is any outlet that engages in retail sales of over-the-counter, nonprescription medication, medicinal gasses, medical devices and some specific drugs and materials that require the order or prescription of a practitioner. The list of specific items can be found in Oregon Administrative Rule 855-035-0030. This includes in and out-of-state businesses offering products for sale to Oregon residents through catalog or internet sales.

If your outlet is selling and/or distributing medical devices and/or medicinal gasses and over-the-counter medications, to any other outlet and is also selling directly to the consumer, two or more registrations are required; Wholesaler Registration(s) and a MDEG Outlet Registration. This includes Internet and catalog sales.

2. A separate registration is required for each outlet that distributes products listed above. This registration does not authorize an outlet to distribute any prescription medications.
3. MDEG Drug Outlets are prohibited from purchasing, possessing or distributing any product containing any amount of ephedrine, pseudoephedrine, or phenylpropanolamine.
4. Oregon Administrative Rule 855-035 lists the regulations regarding the operation of Nonprescription Drug Outlets:<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3973>.

Nonprescription Drug Outlets are responsible for being in compliance with the Board of Pharmacy's Laws and Administrative Rules.

5. Your business must have an **active** Secretary of State business registration that provides proof of ownership on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>.
6. 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.
7. 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: purchase of a business, 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.

The registration is to be in the possession of the approved drug outlet PRIOR to doing business in Oregon.

Nonprescription Drug Outlet Registrations expire January 31 annually, and fees are not prorated. Annual Renewal notices are generally mailed out mid-November.

APPLICATION FOR REGISTRATION

MEDICAL DEVICE, EQUIPMENT & GAS (MDEG) DRUG OUTLET CLASS C

In and Out of State

(Expires January 31 Annually)

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232

pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY [0307] \$105.00
PERSON ID # _____
APPLICANT ID # _____
RECEIPT # _____
CHECK # _____
ENTERED BY _____

Please check all that apply:

Medical Device, Equip. & Gas Drug Outlet Registration

Fee: \$105.00

ALL FEES ARE NONREFUNDABLE

Type of Application – Check all that apply:

New Facility Application - Start / Effective Date: _____

Change of Ownership or Location Change – 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: _____ NPC-_____

Legal documentation of the change in ownership or control, for example, Oregon Business Registration, 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: _____ NPC-_____

Name Change Only (no fee required)

Registration Number: _____ NPC-_____

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: _____

Licensing Contact Person: _____ Title: _____ Contact Phone: _____

Licensing Contact Person E-mail Address: _____

Facility Website: _____

Oregon Secretary of State Corporation Division Registry Number: _____
Can be found at: <https://sos.oregon.gov/business/Pages/find.aspx>

QUESTIONS:

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
2. Is this facility a small business? 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you offer internet sales directly to consumers. If yes, please provide website below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Prior to purchasing any nonprescription drugs, devices or medicinal gasses for sale into or within Oregon, do you verify that the wholesale distributor is registered with the Oregon Board of Pharmacy? Note: It is the responsibility of the registration holder to verify that they are purchasing from an authorized distributor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. This facility meets safety, security and maintenance requirements. This means that this facility is in a commercial nonresidential building, which is suitable for the monitoring, maintenance and storage of products in accordance with labeling or in compliance with official compendium standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type of products do you offer for sale? _____

Product Wholesaler(s) used to obtain products sold:

Please provide the name and address from the authorized wholesaler that you use to purchase your products:

Name: _____

Physical Address: _____

City: _____ ST: _____ Zip: _____

Name: _____

Physical Address: _____

City: _____ ST: _____ Zip: _____

Name: _____

Physical Address: _____

City: _____ ST: _____ Zip: _____

Ownership Information

Type of Ownership:

Sole Proprietorship Corporation Limited Liability Company

Partnership – Including Limited Liability Partnership and Limited Partnership Charitable Organization

Government / Educational Institution Publicly Held Corporation

Parent Company Name (If owned by another entity) _____

Complete the information below for all owners. You must include at least one of the following: CEO, President, Owner, or Members of LLC and Registered Agent. If a corporation; include the names of the corporate officers and the names of the stockholders who own the five largest interests.

1. Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

2. Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

3. Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

4. Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

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Facility Attestation Form

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.

First Name: _____ Last Name: _____

Title: _____

Contact email: _____

Facility Name: _____

Facility Address: _____

Facility City, State, Zip: _____

Part 2 – Attestation - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute [689.405\(1\)](#) The furnishing of false information is grounds to deny registration.

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.

Signature: _____ Date: _____

Printed Name: _____

FINAL CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$105.00 application or owner/location change fee
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 90 days from applicant signature will expire. 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.	Proof of new ownership (if applicable) – <input type="checkbox"/> Legal documentation of the change in ownership or control, for example, signed copy of the sales agreement, stock purchase agreement and/or and executed contract for sale, etc.
B.	<input type="checkbox"/> Fully completed application, including business registry number, owner/officer names, email addresses and name / address of wholesalers used to purchase nonprescription medications.
C.	<input type="checkbox"/> Authorized Signature

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.

Signature

Title (Owner, Partner, Etc.)

Date

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