



**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:

- \$75.00 application or owner/location change fee** All fees are nonrefundable.
- Proof of ownership (Must be verifiable on the Secretary of State's Business Registry Database found at <http://sos.oregon.gov/business> for businesses located in Oregon.)**
- All fields completed**

***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 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 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.

Please be aware that your registration will be issued upon approval once all required paperwork and fee(s) are processed. Your license is to be in your possession *PRIOR* to doing business in Oregon. Nonprescription Drug Outlet Registrations expire January 31, annually, and fees are not prorated. **Renewals are due and must be post-marked by December 31st**, annually, which is one (1) month prior to the expiration date of your license. 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] \$75.00 PERSON ID # APPLICANT ID # RECEIPT # CHECK # ENTERED BY

Please check all that apply:

- Medical Device, Equip. & Gas Drug Outlet Registration
Laws & Rules per set, please indicate quantity

Fee: \$75.00
Fee: \$25.00

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:
Registration Reinstatement (Registration has been lapsed for a period of one year or more)
Name Change Only (no fee required)

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:

<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do you offer internet sales directly to consumers. If yes, please provide website below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p> <p>Note: It is the responsibility of the registration holder to verify that they are purchasing from an authorized distributor.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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	_____

