



**APPLICATION FOR REGISTRATION
RETAIL DRUG OUTLET
PHARMACY PRESCRIPTION KIOSK (PPK)**
(Expires March 31 Annually)

APPLICATION REQUIREMENTS:

- ☐ **\$168.00 application fee.** All fees are nonrefundable.
 - ☐ **Initial application**
 - ☐ **Owner change application**
 - ☐ **Location change application**
 - ☐ **Floor plan and security of PPK – Include a legible 8.5" x 11" floor plan** drawn to scale which **CLEARLY** provides the location of the:
 - ☐ **PPK within the building**
 - ☐ **Surveillance system cameras**
 - ☐ **Alarm System panel**
 - ☐ Non-resident PPK Affiliated Pharmacies must include a **copy of resident state license or registration and an original license verification from resident state licensing agency**
 - ☐ PPK Affiliated Pharmacy, must provide **all documentation including but not limited to Board Orders, disciplinary actions, federal exclusions, pending or proposed disciplinary actions and ongoing or pending investigations.** A detailed explanation of each incident(s) and any penalty incurred must be included.
- *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 required documentation and fees. While a new application and documentation is required, the board may still consider information that was provided on previous applications.

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

Important information and instructions for Pharmacy Prescription Kiosks (PPKs).

1. Oregon Administrative Rule (OAR) Chapter 855, Division 141 provides registration and compliance requirements for a PPK.
2. A PPK registration will be issued after a complete application with required documents and fees have been received, reviewed, and approved.
3. The Affiliated pharmacy must provide 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>.
4. A separate application for registration must be submitted for each PPK.
5. A registration fee is required for each application including **a new registration or** change of physical address **for a PPK or PPK Affiliated Pharmacy**. Registrations are non-transferrable. **All fees are nonrefundable.**
6. To report a **name change** only, you must submit an application which includes the legal documentation of the facility name change. No fee is required. This must be verifiable on the active Secretary of State Business Registry.
7. To report a location change within the same physical address, you must submit an application with a **complete floor plan**. No fee is required.

A complete floor plan includes:

- **PPK within the building**
- **Surveillance system cameras**
- **Alarm System panel**

8. A PPK Affiliated pharmacy located outside of Oregon must include a **copy of the resident state pharmacy license/registration** and a **license/registration verification from their resident state licensing agency**.

To prevent a delay in processing, be sure to include the original license / registration verification from the PPK Affiliated Pharmacy's resident state licensing agency. If the license or registration can be verified online, a recent printout from the online system may be submitted.

A copy of the license or registration is also required and will not be accepted in lieu of a license verification.

9. Oregon Revised Statutes and Administrative Rules are accessible on the board website at: <https://www.oregon.gov/pharmacy/Pages/Laws-Rules.aspx>.
10. All sections of the application are required to be completed.
11. A registration must be issued prior to operation in Oregon. PPK Retail Drug Outlet Registrations expire March 31. Fees are not prorated.

APPLICATION FOR REGISTRATION

PHARMACY PRESCRIPTION KIOSK RETAIL DRUG OUTLET

(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] \$168.00

RECEIPT # _____
CHECK # _____
ENTERED BY _____
PERSON ID # _____
APPLICANT ID # _____

Pharmacy Prescription Kiosk (PPK) Fee: \$168.00

ALL FEES ARE NONREFUNDABLE

Type of Application – Check all that apply:

- ☐ **New Facility Application – Effective Date:** _____
- ☐ **Existing facility application – Registration Number:** PPK- _____
- ☐ **Change of Physical Address** -requires submission of a new complete application a minimum of 15 days prior to occurrence- Fee required
- ☐ **Change of PPK location, same physical address** -requires submission of a new floor plan with all required elements a minimum of 15 days prior to the change – No fee required
- Effective Date of Change:** _____
- ☐ **Name Change Only** - Requires submission of legal documentation of name change – No fee required
- Effective Date of Change:** _____
- ☐ **Registration Reinstatement – Registration Number:** PPK- _____
(Registration has been lapsed for a period of one year or more)

Please PRINT or TYPE

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

Pharmacy Prescription Kiosk (PPK) Name or DBA: _____

Legal Owner: _____

Federal Tax ID # or Owner SSN: _____

PPK - Physical Location Address (Oregon Only):

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Is facility listed above a registrant of the Board? ☐ Yes ☐ No If "Yes", list registration #: _____

PPK Registration & Renewal Mailing Address: _____

City, State, Zip: _____

PPK Affiliated Pharmacy Oregon registration #: _____

PPK Affiliated Pharmacy Name: _____

PPK Affiliated Pharmacy Legal Owner: _____

PPK Affiliated Pharmacy Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ NABP eProfile #: _____

Affiliated Pharmacy and PPK Oregon licensed Pharmacist-in-Charge: _____

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

Licensing Contact Person E-mail Address: _____

Facility Website: _____

Please answer all of the following:

1. Has disciplinary action(s) been taken, or is any such action(s) currently pending or proposed against any of the persons or establishments listed on this application, by any State, federal district, US territory or Federal Authority in connection with a violation of any federal or state drug law or regulation? If "yes", attach a detailed explanation of the incident and describe any penalty incurred. Copies of all documents pertaining to discipline must be provided. This includes Notice of Disciplinary Actions, Board Orders, and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there any current or pending investigation(s) against any health-related profession license, certificate or registration of any of the persons or establishments listed on this application in any state, US jurisdiction, foreign authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the PPK and the PPK Affiliated Pharmacy in compliance with all requirements of OAR 855-141 ? This includes but is not limited to registration, personnel, security, drug procurement, drug storage, drug loss, sanitation, minimum equipment, technology, supervision, pharmacist utilization, non-prescription drugs, controlled substances, prescriptions, dispensing, labeling, drugs and devices, policies and procedures, records, prohibited practices, and services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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

- ☐ List any proceedings (criminal, civil, and administrative) that were previously reported to the Board in response to the questions above, and month and year of the application on which these were reported (if not applicable leave blank).

List all Oregon Licensed personnel, with their Oregon license numbers, providing pharmacy services through the telepharmacy system at the PPK per [OAR 855-141-0050](#):

Name:	Oregon License Number:

Attach additional sheet if necessary – All pharmacists supervising a PPK must be licensed in Oregon and have completed a training program on the proper use of the PPK (OAR 855-141-0050).

Affiliated Pharmacy Pharmacist-In-Charge Information

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.

_____ Pharmacist-in-Charge (please print)	RPH-_____ Oregon Pharmacist License No.
_____ Signature of Pharmacist-in-Charge	_____ Date
_____ PIC Work Email Address	

Ownership Information

Type of Ownership:

- ☐ Publicly Held Corporation ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership ☐ Charitable Organization
- ☐ Government / Educational Institution

Owner Name _____

Parent Company Name (If owned by another entity) _____

Affiliated Pharmacy Oregon Secretary of State Corporation Division Registry Number: _____

See <https://sos.oregon.gov/business/Pages/find.aspx> to locate this information.

Registered Agent – Name and Address: _____

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

- | | | |
|-----------|--------------------|-------|
| 1. | Name | _____ |
| | Title | _____ |
| | SSN/Federal Tax ID | _____ |
| | Address | _____ |
| | City, State, Zip | _____ |
| | Phone Number | _____ |
| | Email Address | _____ |
| 2. | Name | _____ |
| | Title | _____ |
| | SSN/Federal Tax ID | _____ |
| | Address | _____ |
| | City, State, Zip | _____ |
| | Phone Number | _____ |
| | Email Address | _____ |
| 3. | Name | _____ |
| | Title | _____ |
| | SSN/Federal Tax ID | _____ |
| | Address | _____ |
| | City, State, Zip | _____ |
| | Phone Number | _____ |
| | Email Address | _____ |



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.

If the Pharmacy Prescription Kiosk is under separate ownership, this form is required for **both** the PPK and the PPK Affiliated Pharmacy.

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 provided 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.

I certify that if disciplinary action(s) has been taken or is currently pending or proposed, the required documentation is attached to this application. I understand that failure to provide the required documentation may be grounds for denial of my application or disciplinary action against this facility.

Signature: _____ Date: _____

Printed Name: _____

FINAL CHECKLIST:	
1.	\$168.00 application fee
2.	<p>Required Documentation*– an application is incomplete if all requested documentation is not provided</p> <p>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 required documentation and fees. While a new application and documentation is required, the board may still consider information that was provided on previous applications.</p>
A.	<p><input type="checkbox"/> Copy of PPK Affiliated Pharmacy resident state license/registration AND license/registration verification from resident state (required only for applicants located outside of Oregon).</p> <p>Online license/registration verifications accepted. Business name and owners listed on this application must match home state verification.</p>
B.	<p><input type="checkbox"/> As applicable, all documentation including but not limited to Board Orders, disciplinary actions, federal exclusions, pending or proposed disciplinary actions and ongoing or pending investigations. A detailed explanation of each incident(s) and any penalty incurred must be included.</p>
D.	<p><input type="checkbox"/> Legible 8.5"x11" floor plan of facility, drawn to scale (can be hand drawn)</p> <p>Floor plan must include the following:</p> <ul style="list-style-type: none"> ○ Location of PPK within the building ○ Location of Surveillance system security cameras ○ Location of Alarm system panel
E.	<p><input type="checkbox"/> All sections completed including:</p> <ul style="list-style-type: none"> ○ Completed facility attestation form ○ Registered agent ○ Oregon Business Registry number ○ Signatures

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.):_____

Printed Name:_____ 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 Drug Outlets Only

PPK Affiliated Pharmacy Resident State License/Registration Verification Form- Applications for drug outlets located outside of Oregon will not be processed without a license verification.

To prevent delays in processing, submit a completed verification form or letter from the resident state licensing agency for the location listed on page one of the application. License verifications must be original. If the license or registration can be verified online, a recent printout from the online system may be submitted with the copy of the license or registration for the PPK Affiliated Pharmacy Retail Drug Outlet.

To be completed by Applicant or PPK Affiliated Pharmacy. Applicant is responsible for sending this document to the resident state licensing agency for verification and state seal. A copy of resident state license or registration must be included with application.

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:

This outlet is listed as an "PPK Affiliated Pharmacy" Retail Drug Outlet for a Prescription Pharmacy Kiosk (PPK) drug outlet applying for registration with the Oregon Board of Pharmacy. This registration is required of any non-resident pharmacy providing pharmacy services through a kiosk system.

Written verification that this pharmacy has a current license or registration and is in good standing with the resident state is required as part of the application process. Please complete the section below and return it to the applicant.

[] The drug 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

State Agency

Authorized Signature

Date