



APPLICATION FOR REGISTRATION

RETAIL / INSTITUTIONAL DRUG OUTLET IN AND OUT OF STATE (Expires March 31 Annually)

APPLICATION REQUIREMENTS:

\$315.00 application or owner/location change fee / \$455.00 if dispensing or handling controlled substances - All fees are non-refundable

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>.

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 this facility performs sterile compounding, the sterile compounding inspection report is also required.

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 the location of sinks, refrigerators, 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 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 Retail or Institutional Drug Outlet.

1. Oregon Administrative Rule [Chapter 855, Division 041](#) lists those persons who are required to register as a retail / institutional drug outlet.
2. The Board will issue a registration once all required documentation and fee(s) have been submitted and the application is approved. An outlet may not commence business in Oregon until a registration is issued.
3. All applications must include a legible 8.5" x 11" floor plan, drawn to scale (can be hand drawn). Floor plans must identify the location of sinks, refrigerators, windows and doors. Additionally, you **MUST** note whether windows/doors are secured or unsecured.
4. Each company or location address, even if under common ownership, must submit a separate application for registration.
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. 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 non-refundable.**

Examples of a required ownership change application include: 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.

7. **Oregon Controlled Substance Registration** - The Controlled Substance Registration is required for all outlets that dispense controlled substances. Be advised that the Controlled Substance Registration is not an independent registration. It must be issued in conjunction with a Drug Outlet Registration.

Applications will not be processed without the completion of the Controlled Substance Application. **You must submit a copy of your DEA registration along with your application.** If your facility does not handle controlled substances, please check the box "Not Applicable" and return it with the Application. Note: The controlled substance fee is **not** required if the application is marked "Not Applicable."

8. **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.

9. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy/Pages/Laws-Rules.aspx>. 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 will be issued upon approval once all required paperwork and fee(s) are processed. Your registration is to be in your possession PRIOR to doing business in Oregon.

Retail and Institutional Drug Outlet Registrations expire March 31 annually, and fees are not prorated. Renewal notices will be mailed out mid-January.

APPLICATION FOR REGISTRATION

RETAIL OR INSTITUTIONAL DRUG OUTLET

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]	\$315.00
[0310]	\$140.00
[0326]	\$ 25.00

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

Please check all that apply:

- ☐ Retail /Institutional Drug Outlet (with or without controlled substances) **Fee: \$315.00**
☐ Controlled Substance Registration **Fee: \$140.00**
☐ Laws & Rules per set, please indicate quantity _____ **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 - No fee required
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 Name: _____

Federal Tax ID # or Owner SSN: _____ NABP eProfile #: _____

Oregon Secretary of State Corporation Division Registry Number: _____

Can be found at: <https://sos.oregon.gov/business/Pages/find.aspx>

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: _____

Check all that apply to this location:

*Starred items require additional paperwork

<input type="checkbox"/> Community Chain	<input type="checkbox"/> Mail Order	<input type="checkbox"/> Health System Inpatient
<input type="checkbox"/> Community Independent	<input type="checkbox"/> LTCF Ambulatory	<input type="checkbox"/> Health System Outpatient
<input type="checkbox"/> Consulting	<input type="checkbox"/> LTCF Residential	<input type="checkbox"/> Sterile Compounding
<input type="checkbox"/> Remote Processing*	<input type="checkbox"/> Nuclear	<input type="checkbox"/> Non-Sterile Compounding
<input type="checkbox"/> Central Fill*	<input type="checkbox"/> 503B Outsourcing Facility*	<input type="checkbox"/> Other

Please answer all of the following:

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? 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the pharmacy comply with all elements of OAR-855-041-1035 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this pharmacy dispense prescription medication via the website/internet? If "Yes", is the pharmacy VIPPS certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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
5. This facility dispenses controlled substances. If "yes", you must complete page 5 of this application. <i>Oregon Schedules of Controlled Substances may be found at: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3987 and may be different from the Federal schedules. You must comply with the most stringent.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATION OF PHARMACIES

Resident Pharmacies - per OAR 855-041-1010, each pharmacy must have one pharmacist-in-charge 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.

Non-resident Pharmacies - per OAR 855-041-1060(5), every non-resident pharmacy will have a pharmacist-in-charge (PIC) who is licensed in Oregon **within four months of initial licensure** of the pharmacy.

Per OAR 855041-1060(4)(b), an Oregon licensed PIC must be normally present in the pharmacy for a minimum of 20 hours per week.

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)

Oregon Pharmacist License No.

Signature of Pharmacist-in-Charge

Date

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) _____

Complete the information below for all owners. You must include the Registered Agent and 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 _____

**CONTROLLED SUBSTANCE APPLICATION
FOR REGISTRATION UNDER OREGON
CONTROLLED SUBSTANCE ACT**

OREGON BOARD OF PHARMACY 800
NE OREGON STREET, SUITE 150
PORTLAND OR 97232

pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY [0310] \$ 140.00

RECEIPT # _____

CHECK # _____

PERSON ID # _____

CONTROLLED SUBSTANCE APPLICATION FEE \$140.00 ALL FEES ARE NON-REFUNDABLE

Type of Application – Check all that apply:

- ☐ **Not Applicable. This facility does not handle or distribute Controlled Substances.**
- ☐ **This is a new registration.**
- ☐ **This is a change in owner or ☐ location.**
- ☐ **I wish to add a Controlled Substance registration to my existing facility.**

Oregon Registration Number: _____

- ☐ **I wish to reinstate a Controlled Substance registration to my existing facility.**

Oregon Registration number: _____

Please PRINT or TYPE

WARNING: ORS 475.135(1)(e) 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: _____

DRUG SCHEDULES (Check appropriate box(es):

☐ Schedule I ☐ Schedule II ☐ Schedule II N ☐ Schedule III ☐ Schedule III N ☐ Schedule IV ☐ Schedule V

Attach a list of stocked Schedule I Drugs: [] Narcotic [] Non-Narcotic

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Are you currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have any of the persons or establishments listed on this application been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If the applicant is a corporation, association, or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any of the persons or establishments listed on this application ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the applicant is a corporation, association or partnership, has any officer, partner, or stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</p>	
<p>CURRENT FEDERAL REGISTRATION NUMBER _____ (You must submit a copy of your DEA registration along with this application.)</p>	

Print or Type Name of Authorized Individual

Signature of Authorized Individual

Date

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



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 _____

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 689.401(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.

I certify that if disclosed disciplinary action 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.	Appropriate Fee Included?
<input type="checkbox"/> \$315.00 application or owner/location change fee <input type="checkbox"/> \$140.00 Controlled Substance application or owner/location change fee (if applicable) <input type="checkbox"/> \$ 25.00 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 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"/> Oregon Secretary of State Business Registry Number
B.	<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 match home state verification.
C.	<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.
D.	<input type="checkbox"/> Controlled substance application & copy of active DEA registration, if applicable. Please be sure to check the correct box on page 5.
E.	<input type="checkbox"/> Completed Facility Attestation Form
F.	<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.
G.	<input type="checkbox"/> Copy of most recent inspection report (required only for applicants located outside of Oregon). If this facility performs sterile compounding, the sterile compounding inspection report is also required.
H.	<input type="checkbox"/> All 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.) _____

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)