



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

**APPLICATION REQUIREMENTS:**

- ☐ **\$175.00 application or owner/location change fee / \$225.00 if dispensing or handling controlled substances** All fees are nonrefundable.
- ☐ **Controlled substance application\* & copy of active DEA registration** \*If facility does not handle controlled substances, box indicating "Not Applicable" must be marked.
- ☐ **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.
- ☐ **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 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](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@oregon.gov](mailto:pharmacy.licensing@oregon.gov)

Please read the following instructions for applicants for registration as a Retail and/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. 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.
3. **NEW OR RELOCATED PHARMACIES must submit 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. 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: 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.

6. **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."

7. **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.

8. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: [https://www.oregon.gov/pharmacy/pages/laws\\_rules.aspx#OREGON LAWS & RULES](https://www.oregon.gov/pharmacy/pages/laws_rules.aspx#OREGON_LAWS_&_RULES). 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 license 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. **Renewals are due and must be post-marked by February 28**, annually, which is one (1) month prior to the expiration date of your license. 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@oregon.gov](mailto:Pharmacy.Licensing@oregon.gov)



FOR BOARD USE ONLY

[0305] \$175.00

[0310] \$ 50.00

[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: \$175.00**
- ☐ **Controlled Substance Registration** **Fee: \$ 50.00**
- ☐ **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**

**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 #: \_\_\_\_\_

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?<br><br>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 <a href="#">OAR-855-041-1035</a> ?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Does this pharmacy dispense prescription medication via the website/internet?<br><br>If "Yes", is the pharmacy VIPPS certified?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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.<br><br><i>Oregon Schedules of Controlled Substances may be found at:<br/><a href="http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_080.html">http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_080.html</a> 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 acknowledges 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 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 \_\_\_\_\_

This page may be duplicated as needed

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

OREGON BOARD OF PHARMACY  
800 NE OREGON STREET, SUITE 150  
PORTLAND OR 97232  
[pharmacy.licensing@oregon.gov](mailto:pharmacy.licensing@oregon.gov)



FOR BOARD USE ONLY [0310] \$ 50.00

RECEIPT # \_\_\_\_\_  
CHECK # \_\_\_\_\_  
ENTERED BY \_\_\_\_\_  
PERSON ID # \_\_\_\_\_  
APPLICANT ID # \_\_\_\_\_

**CONTROLLED SUBSTANCE APPLICATION FEE \$50.00**

**ALL FEES ARE NONREFUNDABLE**

**Type of Application – Check all that apply:**

☐ **Not Applicable. This facility does not handle or distribute Controlled Substances.**

☐ **This is a new registration.**

☐ **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 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

**APPLICANTS FOR A CONTROLLED SUBSTANCE REGISTRATION 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 the 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 the 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 style="text-align: center;"><b>IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5,<br/>YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</b></p>  |  |
| <p style="text-align: center;"><b>CURRENT FEDERAL REGISTRATION NUMBER _____</b><br/>(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 PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)*



| FINAL CHECKLIST:  |   |
|---|---|
| 1.  | Appropriate Fee Included?   |
| <input type="checkbox"/> \$175 application or owner/location change fee<br><input type="checkbox"/> \$ 50 Controlled Substance application or owner/location change fee (if applicable)<br><input type="checkbox"/> \$175 or \$225 with controlled substance renewal fee*<br>*Only applicable if application is postmarked in the period of January 1 through March 31 annually.<br><input type="checkbox"/> \$25 per set of Laws & Rules requested<br><b>Total Fee Enclosed:</b> _____ |   |
| 2.  | Required Documentation* – an application is incomplete if all requested documentation is not provided<br>*Priority processing will be given to complete applications - All applications submitted to the Board that are not complete and processed within 6 months 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. |
| A.  | <input type="checkbox"/> Copy of Resident State license/registration <b>AND</b> 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.   |
| B.  | <input type="checkbox"/> If you answer "YES" to question 1, disciplinary actions, pending disciplinary actions and Board Orders must be provided along with a detailed explanation.   |
| C.  | <input type="checkbox"/> Controlled substance application & copy of active DEA registration, if applicable  |
| D.  | <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.  |
| E.  | <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.   |
| F.  | <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](http://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 home 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)