



**APPLICATION FOR REGISTRATION
SUPERVISING PHYSICIAN DISPENSING DRUG OUTLET**

(Expires March 31 Annually)

APPLICATION REQUIREMENTS:

- \$175.00 application or owner/location change fee / \$275.00 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.
 - A description of the organization and dispensing process.** The description (Policies & Procedures) must address all items including drug acquisition, storage, security, drug dispensing, drug disposal, personnel and record keeping.
 - 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 drug storage, 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
pharmacy.licensing@bop.oregon.gov

Please read the following instructions for applicants for registration as a Supervising Physician Dispensing Drug Outlet. The Supervising Physician Dispensing Drug Outlet Registration will allow a physician or physician organization that supervises a physician assistant, with dispensing authority, to dispense from the registered dispensing site. Listed below are the required supplemental items needed to complete your application.

1. Oregon Administrative Rule [Chapter 855, Division 043](#) lists who is required to register as a Supervising Physician Dispensing Drug Outlet.
2. We will process your registration when we have received all required paperwork and fee(s). A physicians assistant may not dispense drug products at this location until your registration is issued.
3. Each Supervising Physician Dispensing Drug Outlet must obtain a consultant pharmacist and must have a supervising physician. *If you should have a change in consultant pharmacist or supervising physician, the Board of Pharmacy must be notified within 15 days of the change.*

4. Application must include a description of the organization and dispensing process (referred to as policies & procedures or P&P [Have specific items numbered]). The P&Ps must be created, maintained and enforced in accordance with current regulations and shall address the following, at a minimum:
 1. Drug Acquisition –
 - Where do you purchase drugs from?
 - Who verifies wholesaler is registered with the Oregon Board of Pharmacy?
 2. Drug Storage –
 - Where are drugs stored?
 - How is proper drug storage maintained?
 3. Drug Security –
 - Who has access?
 - Controlled Substances?
 4. Drug Dispensing, including preparation, labeling and delivery -
 - Describe prescription filling, labeling and dispensing processes.
 - Detail all items included on prescription label.
 - Who performs the drug utilization review and final verification of all drugs dispensed?
 5. Drug Disposal -
 - Who is responsible to quarantine and dispose of outdated, adulterated, or otherwise unwanted drugs?
 - Which staff is permitted to perform these duties
 - How are drug recalls handled?
 6. Personnel -
 - Staff Training
 - Initial and ongoing
 - Accountability/Responsibility
 - Describe each personnel's responsibilities
 - Drug Access
 7. Record Keeping/Documentation -
 - Where and how are all related records to the above P&Ps stored?
 8. Other

This information must be submitted with your application for approval. An application will include items 1- 7 (8 if applicable) and must be submitted as an attachment with each item clearly identified. An application is not complete until all items have been received and are compliant with Oregon laws and Rules.

Please note the following: Upon Board issuance of a registration, registrant agrees that all information provided as part of the application, including policy and procedures, may not be altered without written Board approval and any deviation may be considered unprofessional conduct and grounds for discipline.

5. ***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 drug storage, sinks, refrigerators, windows and doors. Additionally, **you must note** whether windows/doors are secured or unsecured.
6. Each company or location address, even if under common ownership, must submit a separate application for registration.

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 but are not limited to: 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.

8. **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."

9. Oregon law **requires** each facility to conduct an annual self-inspection by completing a self-inspection report by **February 1st** annually. The self-inspection report form is available on the Board's website. This form needs to be completed and available for inspection by the Board at all times. The purpose of the self-inspection is to ensure that the SPDO is in compliance with state and federal laws and rules governing the drug outlet.
10. **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. 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 application will be scheduled for review once all required paperwork and fee(s) are received. Your registration is to be in your possession **PRIOR** to dispensing drug products in Oregon.

Supervising Physician Dispensing Drug Outlets 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

SUPERVISING PHYSICIAN DISPENSING 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
[0340] \$175.00
[0310] \$100.00
[0326] \$ 25.00
RECEIPT #
CHECK #
ENTERED BY
PERSON ID #
APPLICANT ID #

Please check all that apply:

- Supervising Physician Dispensing Drug Outlet (with/without controlled substances) Fee: \$175.00
Controlled Substance Registration Fee: \$100.00
Laws & Rules per set, please indicate quantity Fee: \$ 25.00

TOTAL ENCLOSED:
ALL FEES ARE NON REFUNDABLE

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:
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 / 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:

Hours / Days Establishment is open: _____ AM to _____ PM _____ Through _____

Consultant Pharmacist Name: _____ License No: _____

Contact Person: _____ Title: _____ Contact Phone: _____

Contact Person email: _____

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. Before purchasing a drug from any distributor, do you verify that the vendor is legally authorized to sell the drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are all physician assistants that will dispense drugs are registered appropriately with the Oregon Medical Board? Note: This includes dispensing privileges granted by the Oregon Medical Board per Oregon Administrative Rule.	<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 fully complete pages 4 & 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

List Dispensing Physician Assistant(s) names and license numbers below:

Name:	License Number:

The undersigned hereby certifies that all the information contained in this application for registration is complete, true and correct and that all the provisions of the law relative to the conduct of business operating there under will faithfully be observed. I also understand that under ORS 689.405(1) the furnishing of any false information is grounds for denial of registration.

Print Name of Supervising Physician Signature of Supervising Physician Date

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 _____
 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
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] \$100.00

RECEIPT # _____
CHECK # _____
PERSON ID # _____

CONTROLLED SUBSTANCE APPLICATION FEE \$100.00 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**
- 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

APPLICANTS FOR A CONTROLLED SUBSTANCE REGISTRATION MUST ANSWER THE FOLLOWING:

1. Are you currently registered to dispense 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

**IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5,
YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.**

CURRENT FEDERAL REGISTRATION NUMBER _____
(You must submit a copy of your DEA registration along with this application.)

Print or Type Name of Authorized Individual

Signature of Authorized Individual

Date

FINAL CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$175.00 application or owner/location change fee <input type="checkbox"/> \$100.00 Controlled Substance application or owner/location change fee (if applicable) <input type="checkbox"/> \$175 or \$275 with controlled substance renewal fee* *Only applicable if application is postmarked in the period of January 1 through March 31 annually. 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 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"/> Policies & Procedures that include all of the following: <ol style="list-style-type: none"> 1. Drug Acquisition - Located on page # _____ 2. Drug Storage - Located on page # _____ 3. Drug Security - Located on page # _____ 4. Drug dispensing process - Located on page # _____ 5. Drug Disposal - Located on page # _____ 6. Personnel - Located on page # _____ 7. Record Keeping / Documentation # _____ 8. Other # _____ <p>Please clearly identify each of the 7 required sections. Not providing page numbers, which identify the required information above, will significantly increase the time it takes to review the policies and procedures.</p>
B.	<input type="checkbox"/> If you answer "YES" to any disciplinary questions; disciplinary actions, pending disciplinary actions, and fully executed Board orders must be provided along with a detailed explanation.
C.	<input type="checkbox"/> Controlled substance application with fee, if applicable. Please be sure to check the correct box on page 4.
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 drug storage, sinks, refrigerators, windows and doors. You must note whether windows/doors are secured or unsecured.
E.	<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)