

2021
Supervising Physician Dispensing Outlet
Supplemental Information Form

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, Oregon 97232

You must complete ALL fields of this required form and return
with your payment. This form will be used to update your file.

All information is required. You must complete both sides of this form.

Drug Outlet License Number:	SPD-
Pharmacy Name (DBA):	
Owner, Corp or LLC Name:	
Federal Tax ID Number:	

Physical Location Address:	
City, State, Zip:	
Phone / Fax Number:	
IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please complete mailing address below)	
Mailing Address:	
City, State, Zip:	

Consultant Pharmacist:	
Oregon Pharmacist License #:	RPH-
Consultant Pharmacist Email:	

DEA Number (If Applicable):	
(Required if you hold an Oregon Controlled Substance Registration)	

Contact Person:	
Contact Number:	
Contact E-mail:	

PLEASE FILL IN THE APPROPRIATE OWNERSHIP INFORMATION.

Please provide the name, title, address, and email of the Owner, CEO, President, Partners, or Members of LLC.

Name & Title:		Name & Title:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Email:		Email:	
Name & Title:		Name & Title:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Email:		Email:	
State in which Incorporated: _____			

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**FAILURE TO COMPLETE THIS FORM IN ITS
ENTIRETY WILL CONSTITUTE AN INCOMPLETE
ANNUAL RENEWAL APPLICATION.**

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

☐ Yes ☐ No Are all physician assistants that will dispense drugs registered appropriately with the Oregon Medical Board?

Note: This includes dispensing privileges granted by the Oregon Medical Board per Oregon Administrative Rule.

☐ Yes ☐ No* Policies and procedures for this outlet have not changed or if changed, have been reviewed and approved since last renewal.

* If "no", attach the new or updated policies and procedures for review and approval. See SPDO application on the Board's website for submission requirements.

☐ Yes* ☐ No Since the date of your last renewal has any investigation been initiated, or has any pharmacy or drug related disciplinary action been taken or is any such action currently pending against any of the persons or facilities listed on this renewal application by any State (other than Oregon) or Federal Authority?

* If "yes", attach a copy of the Board order if applicable, include a detailed explanation of the incident below, and describe any pending discipline or penalty incurred.

SIGNATURE OF AUTHORIZED PERSON

DATE

PLEASE PRINT FIRST AND LAST NAME

TITLE