



How to register for a new facility account and apply for a new registration

Apply Now at:
<https://orbop.mylicense.com/eGov>

First time users from Home page—please select “Register a New Facility Account” from the Menu:

If you are unsure if your facility has ever been registered with the Oregon Board of Pharmacy, please go to our license lookup at: <https://orbop.mylicense.com/verification/Search.aspx?Facility=Y> and do a search. If you do not locate a record, please continue to register for a new account.

Welcome to Oregon Board of Pharmacy Online License Services

If you wish to apply for a license or registration, renew an existing license or registration, or request a certified copy of your license or registration, click one of the **Register** buttons below.

Returning Users	New User?
User ID: <input type="text"/>	Register a New Personal Account
Password: <input type="text"/>	
Forgot your User ID?	
Forgot your password?	Register a New Facility Account
Login	

You must complete a search to be able to create a new account and apply online. Please use any digit or combination of digits to complete a search.

Please enter **at least two** of the fields below and click Search to proceed with your registration.

- If you do not know the facility license/registration number use [Verify a License](#) to look up your Oregon Board of Pharmacy license/registration number.
- If the facility is currently registered with the Oregon Board of Pharmacy and you do not have the eGov Registration Code contact the Board at pharmacy.licensing@oregon.gov to obtain your eGov Registration Code. The registration code will only be released to an authorized agent of the facility.
- If the facility has never been registered with the Oregon Board of Pharmacy please go to the licensing information page of our website to download the applicable application for registration.

License/Registration Number:

Renewal ID:

Registration Code:

[Search](#)

As a new user, your information will not be found and you will be taken to the following page to create a new account and apply for a new license. Please complete all sections of the registration page.

If you already have an Oregon Board of Pharmacy registration, please contact the Board at pharmacy.licensing@bop.oregon.gov to obtain your login information.

Note: User ID and passwords are case sensitive. Be sure to save your User ID and Password. This will allow you to maintain and renew your license.

Initial Registration

We were unable to find your records based on the entered search criteria.

- If you do not currently hold a business/facility license with the state and have not already submitted a paper application, the form below will allow you to register your business information with the state and create a username and password. Complete the form below and press the **register button** to create your record. Once logged into the e-Government application you will be able to submit an electronic license application.
- If you currently hold a business/facility license with the state or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your business records. If your records can not be found, click [here](#) for information on contacting the proper department/agency/board.

NOTE: Required fields are marked with an asterisk (*).

Name

Business/Facility Name (DBA):	<input type="text" value="ex. System Automation Corp."/>
Full Legal/Owner Name:	<input type="text" value="ex. Joseph Smith"/>
FEIN:	<input type="text"/>
Oregon SOS Business Registry Number:	<input type="text"/>
Ownership Type:	<input type="text" value="<select>"/>
National Provider ID:	<input type="text"/>

Address

Enter record data in ALL CAPS to ensure proper mailing format for delivery of documents via US postal service.

Country:	<input type="text" value="United States"/>
Line 1:	<input type="text" value="ex. 123 Fourth St."/>
Line 2:	<input type="text" value="ex. Apt. 100"/>
City:	<input type="text"/>
State:	<input type="text" value="OR"/>
County:	<input type="text"/>
ZipCode:	<input type="text" value="ex. 02705 or 027051234"/> <input type="button" value="Get City from Zip"/>
Phone:	<input type="text" value="ex. 3015551212"/>
Fax:	<input type="text" value="ex. 3015551212"/>
Email:	<input type="text" value="ex. username@domain.com"/>

User Credentials

UserID and Password are case sensitive.

User ID:	<input type="text" value="ex: jsmith"/>
Password:	<input type="text"/>
	At least 8 characters At least one lowercase letter At least one uppercase letter At least one number At least one symbol/special character No spaces
Confirm Password:	<input type="text"/>
Password Question:	<input type="text" value="ex: Favorite color?"/>
Password Answer:	<input type="text" value="ex: Blue"/>
Password Question 2:	<input type="text" value="ex: First pet?"/>
Password Answer 2:	<input type="text" value="ex: Spot"/>

You must select “Board of Pharmacy” as a profession to continue. Please select the registration type you are applying for.

[Apply for a License](#)

Select the profession, license type and obtained by method for the license you are applying for below.

If you are a **spouse or domestic partner of a member of the Armed Forces of the United States** and wish to obtain a [temporary authorization](#), you are not eligible to apply online. Please contact our office at pharmacy.licensing@bop.oregon.gov for more information.

License Type Selection

Profession:

License Type:

Obtained By Method:

Board of Pharmacy ▾
--Select License Type-- ▾
-Select License Type--
Manufacturer
Med Device/Equip/Gases-C
Non-Prescript Drug Outlet-A

Note: Temporary authorization only applies to individual licenses and not facility registrations.