



## APPLICATION FOR REGISTRATION HOSPITAL DRUG ROOM

(Expires March 31 Annually)

### APPLICATION REQUIREMENTS:

- \$100.00 application or owner/location change fee / \$200.00 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.
- 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](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

Please read the following instructions for applicants for registration as a Correctional Facility Drug Room.

1. Oregon Administrative Rule [Chapter 855, Division 043](#) (OAR 855-0600-0630) contains additional information and requirements regarding the Correctional Facility registration.
2. We will process your registration when we have received all required paperwork and fee(s).
3. **NEW OR RELOCATED FACILITIES 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.
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 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.

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. Oregon law **requires** each Consultant Pharmacists 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 the correctional facility is in compliance with state and federal laws and rules governing the drug outlet.
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).

Your registration is to be in your possession PRIOR to dispensing drug products in Oregon.

Correctional Facility 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

HOSPITAL DRUG ROOM

(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
[0309] \$100.00
[0310] \$100.00
[0326] \$ 25.00
RECEIPT #
CHECK #
ENTERED BY
PERSON ID #
APPLICANT ID #

Please check all that apply:

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

TOTAL ENCLOSED:
ALL FEES ARE NONREFUNDABLE

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:

Hours / Days Establishment is open: \_\_\_\_\_ AM to \_\_\_\_\_ PM \_\_\_\_\_ Through \_\_\_\_\_

Consultant Pharmacist Name: \_\_\_\_\_ License No: \_\_\_\_\_

**Please answer all of the following:**

<p>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?</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Are all dispensing practitioners that will dispense drugs registered appropriately with their licensing board?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. This facility dispenses controlled substances. If "yes", you must fully complete pages 4 &amp; 5 of this application.</p> <p><i>Oregon Schedules of Controlled Substances may be found at:</i> <a href="https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3987">https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3987</a> <i>and may be different from the Federal schedules. You must comply with the most stringent.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

As the consultant pharmacist for this facility's drug room, I am responsible for this facility complying with all applicable State and Federal Laws and Rules governing the practice of Pharmacy. A copy of my current pharmacist certificate is displayed in the drug room.

I also understand that under ORS 689.405(1) the furnishing of any false information is grounds for denial of registration.

\_\_\_\_\_  
Print Name of Consultant Pharmacist      Signature of Consultant Pharmacist      Date



**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](mailto: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

<b>FINAL CHECKLIST:</b>	
1.	Appropriate Fee Included?  <input type="checkbox"/> \$100.00 application or owner/location change fee <input type="checkbox"/> \$100.00 Controlled Substance application or owner/location change fee (if applicable) <input type="checkbox"/> \$100 or \$200 with controlled substance renewal fee* *Only applicable if application is postmarked in the period of January 1 through March 31 annually.  <b>Total Fee Enclosed:</b> _____
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.
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)