

**Supplemental Information Form
Remote Dispensing Machine**

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

Please complete BOTH columns of this required form and return with your renewal form. This form will be used to update your file.

Business Name: _____
Physical Location Address: _____
City, State, Zip _____
IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?
____ YES ____ NO (If no, please complete mailing address below)
Mailing Address _____
City, State, Zip: _____
Responsible Pharmacy: _____
Pharmacy License No. _____

License Number: _____
Phone Number: _____
Fax Number: _____
Federal Tax ID Number: _____
Contact Name: _____
Contact Number: _____
Contact E-mail: _____
Pharmacy Address: _____

PLEASE FILL IN THE APPROPRIATE INFORMATION UNDER ITEM 1, 2 OR 3, RELATING TO OWNERSHIP.

1 Individual Owner, Trustee or Receiver:

Name: _____
Address: _____

Title: _____
City, State, Zip: _____

2 Partnership - List Name - Address of all Partners: (Attach a separate sheet if more space is needed.)

Name: _____

Address: _____

3 Corporation or LLC: (List name & address of President and Vice President or Member(s).

(Please list Inc., Corp., LLC, etc.)

Corporate or LLC Name: _____
President: _____
Vice President: _____
Member(s): _____
State in which Incorporated: _____

Address: _____

Pharmacist-in-Charge
Remote Dispensing Machine

855-041-4110 Duties and Responsibilities of the Pharmacist-in-Charge.

Each RDM must be under the supervision of the Pharmacist-in-Charge of the Responsible Pharmacy. The Pharmacist-in-Charge must:

- (1) Develop written policies and procedures prior to installation of the RDM that:
 - (a) Ensure safety, accuracy, security, and patient confidentiality;
 - (b) Define access to the RDM and to medications contained within or associated with the RDM, including but not limited to policies that assign, discontinue, or change access to the RDM and medications.
 - (c) Ensure that access to the medications complies with state and federal laws and regulations.
- (2) Obtain written approval by the Board prior to installing any RDM.
- (3) Train all personnel who will access the APS (including the RDM) before being allowed access to the APS. Training must ensure the competence and ability of all personnel who operate any component of the APS. Documentation of original training and continuing education must be kept both in the pharmacy and at the site of the RDM, and readily available for inspection by the Board.
- (4) Ensure that the RDM is in good working order and accurately dispenses the correct strength, dosage form, and quantity of the drug prescribed while maintaining appropriate record-keeping and security safeguards.
- (5) Implement an ongoing quality assurance program that monitors performance of the APS, including the RDM, and the personnel who access it.
- (6) Notify the Board within 15 days of removal or closure of the RDM and the disposition of drugs contained in the RDM before it was removed or closed.
- (7) Ensure that the RDM is stocked accurately and in accordance with established, written policies and procedures. A pharmacist must check the accuracy of the product supplied for stocking the machine.

SIGNATURE OF PHARMACIST-IN-CHARGE

DATE

FIRST AND LAST NAME OF PHARMACIST-IN-CHARGE

PHARMACIST-IN-CHARGE EMAIL ADDRESS FOR BOARD USE

Oregon Pharmacist
License Number: _____

Oregon Outlet
License Number: _____

The pharmacist signing this document acknowledges reading and understanding the responsibilities of a Pharmacist-In-Charge.