APPLICATION FOR REGISTRATION
RETAIL OR INSTITUTIONAL
CENTRAL FILL DRUG OUTLET
AND / OR
REMOTE PROCESSING DRUG OUTLET
IN AND OUT OF STATE

(Expires March 31 Annually)
OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us

SUMMARY OF APPLICATIONS AS APPLICABLE TO OUTLET FUNCTIONS:

RETAIL OR INSTITUTIONAL CENTRAL FILL DRUG OUTLET FEE: $175
CONTROLLED SUBSTANCE (Only Applicable to Central Fill) FEE: $50

RETAIL OR INSTITUTIONAL REMOTE PROCESSING DRUG OUTLET FEE: $175
*COPY OF LAWS & RULES (Not Required if Accessible Electronically) FEE: $25

ALL FEES ARE NON REFUNDABLE

Dear Applicant:

Please be advised of the following information for registration of a Retail or Institutional Central Fill Drug Outlet or Remote Processing Drug Outlet:

1. Outlets applying for a Retail or Institutional Central Fill Drug Outlet Registration MUST include proposed policies and procedures as indicated on the Checklist of Necessary Elements for the Registration of a Retail or Institutional Central Fill Drug Outlet. (Page C1)

2. Outlets applying for a Retail or Institutional Remote Processing Drug Outlet Registration MUST include proposed policies and procedures as indicated on the Checklist of Necessary Elements for the Registration of a Retail or Institutional Remote Processing Drug Outlet. (Page C2)

3. Outlets can apply for both a Retail or Institutional Central Fill Drug Outlet Registration and Retail or Institutional Remote Processing Drug Outlet Registration by completing the enclosed application and submitting all of the required documentation on the Checklist of Necessary Elements for the Registration of a Retail or Institutional Central Fill Drug Outlet and the Checklist of Necessary Elements for the Registration of a Retail or Institutional Remote Processing Drug Outlet. (Pages C1 & C2)

4. Outlets applying for both a Retail or Institutional Central Fill Drug Outlet Registration and Retail or Institutional Remote Processing Drug Outlet Registration must pay the registration fee for each license for a total of $350 or $400 if the Central Fill Drug Outlet has controlled substances. Two registrations will be issued.

5. Written approval from the Board of Pharmacy is required prior to commencing operations. Policies and procedures may not be changed without written Board approval.

6. Deviation from approved policies and procedures is unprofessional conduct and may constitute grounds for discipline.

7. Per Oregon Administrative Rules, registration fee(s) are required for NEW OUTLETS, OWNERSHIP CHANGES or LOCATION CHANGES. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.
8. **NEW OR RELOCATED PHARMACIES** must submit an 8.5” x 11” floor plan, drawn to scale (can be hand drawn). Floor plans must identify the location of sinks, refrigerators, windows and doors. Additionally, you must note whether windows/doors are secured or unsecured.

9. No fee is required if you are completing these forms to report a **NAME CHANGE ONLY**.

10. All non-resident pharmacies must have an Oregon licensed Pharmacist-in-Charge who is licensed in Oregon within **four months of initial licensure of the pharmacy**.

11. **OREGON CONTROLLED SUBSTANCE ACT APPLICATION.** Be advised that the Controlled Substance Registration is not an independent registration. It must be issued in conjunction with a Retail or Institutional Drug Outlet Registration. Retail and Institutional Drug Outlet 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 Retail or Institutional Drug Outlet Application. Note: The controlled substance fee is **not** required if the application is marked “Not Applicable.”

12. **VERIFICATION FORM OF LICENSE/REGISTRATION IN RESIDENT STATE** (required for pharmacies located outside of Oregon.) Applications for registration of out-of-state pharmacies will not be processed without this verification. To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency with your application(s). License verifications must be original and not tampered with, this includes the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of your license or registration.

13. **OREGON REVISED STATUTES and ADMINISTRATIVE RULES** are available for review on our web site at: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us). If electronic copies of laws and rules are accessible to all staff members, a hard copy is not required.

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 doing business in Oregon. Retail and Institutional Central Fill Drug Outlet and Remote Dispensing Drug Outlet Registrations 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 in mid-January.
Checklist of Necessary Elements for the Registration of a 
Retail or Institutional Central Fill Drug Outlet:

Please note the following: Policies and procedures may not be changed without written Board approval. Upon Board approval, registrant agrees to be held to policies and procedures and understands that any deviation is unprofessional conduct and grounds for discipline.

1. Patient Safety:
   □ a. Submit a description of how using a central fill model will improve patient safety.
   □ b. Submit a description of how using central fill will redirect a pharmacist at the primary pharmacy from a distributive task to a cognitive task.

2. Policies and Procedures: Please submit policies and procedures for the following:
   □ a. The responsibilities of the central fill pharmacy and the primary pharmacy.
   □ b. Protecting confidentiality and ensuring integrity of patient information.
   □ c. Compliance with all applicable federal and state laws and rules.
   □ d. Cancelation of a filled prescription if the same prescription is filled by the primary pharmacy.
   □ e. Records sufficient to identify by name, initials or unique identification code, the identity and specific activities of each pharmacist or technician who performed any centralized filling function, and the pharmacy where each activity was performed.
   □ f. The mechanism for tracking the prescription drug order during each step in the filling and dispensing process.
   □ g. Pharmacist completion of a Drug Utilization Review (DUR) on each prescription.
   □ h. Documentation of any errors or irregularities identified by the quality improvement program.

ADDITIONAL INFORMATION MAY BE REQUESTED
Checklist of Necessary Elements for the Registration of a Retail or Institutional Remote Processing Drug Outlet:

Please note the following: Policies and procedures may not be changed without written Board approval. Upon Board approval, registrant agrees to be held to policies and procedures and understands that any deviation is unprofessional conduct and grounds for discipline.

1. **Patient Safety:**
   - a. Provide a description of how using remote processing will be utilized to improve patient safety.

2. **Policies and Procedures:** Please submit policies and procedures for the following:
   - a. The responsibilities of the remote processing pharmacy and the primary pharmacy.
   - b. Protecting confidentiality and ensuring integrity of patient information.
   - c. Compliance with all applicable federal and state laws and rules.
   - d. Cancelation of a filled prescription if the same prescription is filled by the primary pharmacy.
   - e. Records sufficient to identify by name, initials or unique identification code, the identity and specific activities of each pharmacist or technician who performed any processing function, and the location where each activity was performed.
   - f. Documentation of any errors or irregularities identified by the quality improvement program.

**ADDITIONAL INFORMATION MAY BE REQUESTED**
APPLICATION FOR REGISTRATION

RETAIL OR INSTITUTIONAL
CENTRAL FILL DRUG OUTLET
REMOTE PROCESSING DRUG OUTLET
IN AND OUT OF STATE
(Expires March 31 Annually)
OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us

ALL FEES ARE NON REFUNDABLE
(Check or Money Order only)

CHECK ALL THAT APPLY: [ ] RETAIL [ ] INSTITUTIONAL
[ ] CENTRAL FILL DRUG OUTLET [ ] REMOTE PROCESSING DRUG OUTLET
(See pages C1 & C2 for checklist of required items and instructions)

PLEASE CHECK APPROPRIATE BOXES:
[ ] New Outlet  Start / Effective Date: __________________________

[ ] License Reinstatement  [ ] Owner Change  [ ] Location Change  [ ] Name Change Only - No fee required
  License Number: __________________________ Date Effective: __________________________

A change of ownership or location requires the submission of a new application and registration fee within 15 days.

WARNING: ORS 475.135 (1) (e) The furnishing of false information is grounds to deny registration.

Pharmacy Name: __________________________________________

Corporate / LLC Name: ______________________________________

Federal Tax ID # or Owner SSN: ________________________________

Location Address: __________________________________________

City, State, Zip: ____________________________________________

Phone Number: ( ) ____________________ FAX # ( ) ______________

License & Renewal Mailing Address: ___________________________

City, State, Zip: ____________________________________________

Licensing Contact Person: ____________________ Title __________ Contact Phone ______________

Licensing Contact Person E-mail Address: ______________________

Please check all that apply to this location
[ ] Community Chain  [ ] LTCF Ambulatory  [ ] Health System Ambulatory  [ ] Non-Sterile Compounding
[ ] Community Independent  [ ] LTCF Consulting  [ ] Health System Residential  [ ] Sterile Compounding
[ ] Consulting  [ ] LTCF Residential  [ ] Nuclear  [ ] 503B Outsourcing Facility
[ ] Other __________________________  [ ] Mail Order  [ ] Central Fill  [ ] Central Processing

Hours/days pharmacy is open: ____________________ AM to ______________ PM Through ____________________

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address, City, State, Zip</th>
<th>Email</th>
</tr>
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<tbody>
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PLEASE CHECK ONE:
[ ] I wish to have this registration application processed on the date the Board receives a COMPLETE APPLICATION and PAYMENT. Because the Oregon Board of Pharmacy does not prorate fees, I realize that by having this registration become effective before April 1, this license will not be valid for a full year and will need to be renewed prior to March 31st.

[ ] I wish to have my registration become effective on the following April 1st. (ONLY APPLICABLE FOR NEW OUTLETS)
Ownership Information

Owner Name

Parent Company Name (If owned by another entity)

Complete this form for all owners and CEO or President. This page may be duplicated as needed.

1. Name and Title
SSN/Federal Tax ID
Address
City, State, Zip
Phone Number
Email Address

2. Name and Title
SSN/Federal Tax ID
Address
City, State, Zip
Phone Number
Email Address

3. Name and Title
SSN/Federal Tax ID
Address
City, State, Zip
Phone Number
Email Address

This page may be duplicated as needed
RETAIL OR INSTITUTIONAL - CENTRAL FILL DRUG OUTLET
IN AND OUT OF STATE

ALL PHARMACIST, INTERN AND TECHNICIAN LICENSES MUST BE PROMINENTLY DISPLAYED

ALL APPLICANTS MUST COMPLETE THIS SECTION (Check Appropriate Boxes)

(If No, Please Explain)

[ ] Yes [ ] No One prescription balance consistent with the needs of the practice

[ ] Yes [ ] No All other equipment and stock per minimum equipment listed in OAR 855-041-1035 Are these publications on hand? (IF NO, PLEASE EXPLAIN)

[ ] Yes [ ] No Reference books as per OAR 855-041-1035

[ ] Yes [ ] No Generic Sign as per ORS 689.515 (4)

[ ] Yes [ ] No Current Pharmacy Laws of Oregon

[ ] Yes [ ] No Procedures for use of technicians

[ ] Yes [ ] No Has action ever been taken, or is any such action currently pending against any of the persons or the facility listed on this application, by any State or Federal Authority? 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 would include Notice of Disciplinary Action, Board Orders and other related documents.

All of the undersigned hereby state that all the information contained in this application for a pharmacy license is true and correct, that they have read and are familiar with the pharmacy 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 ________________

OPERATION OF PHARMACIES

Personnel
OAR 855-041-1010(2)
The pharmacy must ensure that it is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in conformance with the keeping and inventory requirements of federal law and board rules.

Non-Resident Pharmacies
855-041-1060(5)
Every non-resident pharmacy will have a pharmacist-in-charge (PIC) who is licensed in Oregon within four months of initial licensure of the pharmacy.

855-041-1060(4)(b)
[The Oregon licensed PIC] must be normally present in the pharmacy for a minimum of 20 hours per week.

LICENSING OF PHARMACISTS

Duties of a Pharmacist Receiving Prescriptions
OAR 855-019-0210
A pharmacist receiving a prescription is responsible for:

(a) Using professional judgment in dispensing only pursuant to a valid prescription. A pharmacist shall not dispense a prescription if the pharmacist, in their professional judgment, believes that the prescription was issued without a valid patient-practitioner relationship. In this rule, the term practitioner shall include a clinical associate of the practitioner or any other practitioner acting in the practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice and not result solely from a questionnaire or an internet-based relationship; and

(b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of rules including the legible name and contact phone number of the prescribing practitioner for verification purposes.

Duties of a Pharmacist-in-Charge
OAR 855-019-0300(6)
The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in accordance with all state and federal laws and rules.

The outlet submitting and pharmacist signing this document acknowledges reading and understanding the responsibilities of a pharmacist-in-charge and the requirement to comply with Oregon laws and rules.

Pharmacist-in-Charge (please print) ________________________________ Oregon Pharmacist License No. ________________

Signature of Pharmacist-in-Charge ________________________________ Date ________________

Email Address ________________________________

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES PAYABLE TO THE OREGON BOARD OF PHARMACY

ALL RETURNED CHECKS WILL BE ASSESSED A $35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)
RETAIL OR INSTITUTIONAL - CENTRAL FILL DRUG OUTLET
IN AND OUT OF STATE

CONTROLLED SUBSTANCE APPLICATION
APPLICATION FOR REGISTRATION UNDER
OREGON CONTROLLED SUBSTANCE ACT
(Expires March 31 Annually)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us

FEE $50.00
ALL FEES ARE NON REFUNDABLE

PLEASE CHECK APPROPRIATE BOXES:
[ ] New Outlet  Start / Effective Date: ________________________________ (If Not Applicable, please check here) [ ]
[ ] CS License Reinstatement [ ] Owner Change [ ] Location Change [ ] Name Change Only  No fee required

License Number: ________________________________ Date Effective: ________________________________

Please PRINT or TYPE

WARNING: ORS 475.135 (1) (e) The furnishing of false information is grounds to deny registration.

Pharmacy Name: ______________________________________________________

Corporate / LLC Name: ________________________________________________

Federal Tax ID # or Owner SSN: _________________________________________

Location Address: _____________________________________________________

City, State, Zip: _______________________________________________________

Phone Number: (_____ ) - _______ FAX # (_____ ) - _______

License & 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 III  [ ] Schedule III  [ ] Schedule IV [ ] Schedule V

Attach list of stocked Schedule I Drugs  [ ] Narcotic  [ ] Non-Narcotic

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Is the facility listed above currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government? [ ] YES [ ] NO

CURRENT FEDERAL REGISTRATION NUMBER ________________________________

2. 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? [ ] YES [ ] NO

3. Has the applicant ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied? [ ] YES [ ] NO

4. 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? [ ] YES [ ] NO

IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 4, ATTACH LETTER SETTING FORTH THE CIRCUMSTANCES.

Print or Type Name of Applicant __________________________ Signature of Applicant or Authorized Individual ______________ Date ______________

ALL RETURNED CHECKS WILL BE ASSESSED A $35.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)

Revised 9.1.17
RETAIL OR INSTITUTIONAL
REMOTE PROCESSING DRUG OUTLET
IN AND OUT OF STATE

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(If No, Please Explain)

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Signature ____________________________ Title (owner, partner, etc.) ____________________________ Date __________

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Pharmacist-in-Charge (please print) ____________________________ Oregon Pharmacist License No. ____________________________

Signature of Pharmacist-in-Charge ____________________________ Date ____________________________

Email Address ____________________________

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RETAIL OR INSTITUTIONAL CENTRAL FILL DRUG OUTLET AND/OR REMOTE PROCESSING DRUG OUTLET
(Expires March 31 Annually)
OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us

Out-of-State Establishments Only

Verification Form of License/Registration in Resident State (required for retail or institutional drug outlets located outside the State of Oregon). Applications for out-of-state retail or institutional drug outlets will not be processed without this verification.

To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency with your application(s). License verifications must be original and not tampered with, this includes the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of your license or registration.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. You must attach a photocopy of your registration or license.

<table>
<thead>
<tr>
<th>Resident State License Number</th>
<th>License Type</th>
<th>Business Name</th>
<th>Physical Address</th>
<th>City, State, Zip Code</th>
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To be completed by licensing/regulatory agency and returned to the applicant:

The above pharmacy has applied for a Retail or Institutional Drug Outlet Registration with the Oregon Board of Pharmacy. This registration is required of any pharmacy located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this establishment has a current license or registration and is in good standing with its resident state is required for our licensing process. Please complete the section below and return it to the applicant.

[ ] The outlet listed above holds a current, unrestricted license or registration with our agency and has no disciplinary action pending.

[ ] Other (please explain):

______________________________

Print Name & Title

Authorized Signature          Date

(State Seal Required)
OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

Please Mail to:

NAME

EMAIL

FACILITY NAME

ADDRESS

CITY, STATE & ZIP CODE

Number of sets requested

Amount enclosed $______________ ($25.00 per set)

Set(s) ordered for:

Pharmacist [ ] Intern [ ] Reciprocal [ ] Pharmacy [ ] Other [ ]

Make checks payable to: Oregon Board of Pharmacy

800 NE Oregon St, Ste 150

Portland, OR 97232

Please Note:

• Administrative Rules are updated through the Secretary of State’s Office within 30 days of being filed.

• Electronic versions of pharmaceutical references required under Oregon Administrative Rule 855-041-1035 satisfy the minimum equipment requirement for a pharmacy.

• The Oregon Board of Pharmacy Official Newsletter is available online. This will provide direct access to the e-Newsletter for Oregon licensed pharmacy technicians, pharmacy interns and pharmacists, as well as any other persons interested in Board of Pharmacy news. Click this link to sign up to receive the Newsletter: http://www.oregon.gov/pharmacy/Pages/Newsletters.aspx. You can also sign up for Board Meeting Agendas, Rulemaking Notices and rule adoption information.

• The Laws and Rules for the Oregon Board of Pharmacy may be found on the Board’s website at http://www.pharmacy.state.or.us. Included are:

  o Oregon Revised Statute Chapter 689, Oregon Pharmacy Act
  o Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act
  o Oregon Administrative Rules Chapter 855

ALL RETURNED CHECKS WILL BE ASSESSED A $35.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)