



APPLICATION FOR REGISTRATION
HOME DIALYSIS 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

HOME DIALYSIS DRUG OUTLET

FEE: \$175.00

ALL FEES ARE NON REFUNDABLE

Dear Applicant:

Per your request, enclosed is the Home Dialysis Drug Outlet Registration application packet containing:

1. HOME DIALYSIS DRUG OUTLET APPLICATION.
2. OREGON CONTROLLED SUBSTANCE ACT APPLICATION. If your facility does not handle controlled substances, please check the box on the application "Not Applicable" and return it with Drug Outlet Application.
3. 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 your request, submit a completed verification form or letter from your resident state licensing agency with your application(s). Photocopies will **not** be accepted.
4. OREGON REVISED STATUTES and ADMINISTRATIVE RULES are available for review on our web site at: www.pharmacy.state.or.us. Per Oregon Administrative Rule Definitions, Registration fee(s) are required for new outlets, ownership changes or location changes. No fee is required if you are completing these forms to report a NAME CHANGE ONLY. Instead, mark "Name Change Only" in the box on the completed application.
5. The license must be issued before opening.

Please be aware that your registration will become effective once all required paperwork and fee(s) are received in our office. Your license is to be in your possession PRIOR to your doing business in Oregon. Home Dialysis Drug Outlet Registrations expire March 31, annually. Renewals are due and must be post-marked 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.

FOR ALL NEW OR RELOCATED PHARMACIES:

A floor plan, drawn to scale (can be hand drawn) must also be submitted with your application(s). Floor plans should include the location of sinks, refrigerator, windows and doors (note whether windows/doors are secure/unsecured.)

If you have any questions please contact our office at (971) 673-0001.

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FOR BOARD USE ONLY [0305] 175.00

RECEIPT # _____

CHECK # _____

ENTERED BY _____

HOME DIALYSIS DRUG OUTLET

FEE: \$175.00
ALL FEES ARE NON REFUNDABLE

- New Outlet Start Date _____
- Owner Change Date Effective _____ Former license number _____
- Location Change Date Effective _____ Former license number _____

A change of ownership or location **requires** the submission of a new application and registration fee within 15 days. Please check the appropriate box regarding application status: Name change only – (no fee required)

Please PRINT or TYPE **WARNING: ORS 475.135 (e) The furnishing of false information is grounds to deny registration.**

Pharmacy Name _____

Location Address _____

Phone Number (____) _____ - _____ FAX # (____) _____ - _____

City, State, Zip _____

License & Renewal Mailing Address _____

City, State, Zip _____

Contact Person _____ Title _____ Contact Phone _____

Federal Tax ID # _____ Email Address: _____

Please check all that apply to this location

- Chain Mail Order Nuclear Pharmacy Compounding Hospital Long Term Care Home Infusion Community Based

Hours/days pharmacy is open: _____ AM to _____ PM _____ Through _____

Hours/days pharmacy is open: _____ AM to _____ PM _____ Through _____

Ownership: *If owned by a corporation, please complete line 4 below:

- Corporation (Name and address of corporation officers and registered agent.) Individual Owner, Trustee or Receiver. (Enter name, title & address below.) Partnership (List below names and addresses of the 4 largest share holders.)

NAME	TITLE	MAILING ADDRESS & PHONE
1.		
2.		
3.		
4. *Corporation Name	*Date Organized (if new)	*State in which incorporated

PLEASE CHECK ONE:

- I wish to have my registration application processed on the date you receive my COMPLETE APPLICATION and PAYMENT in your office. Because the Oregon Board of Pharmacy does not prorate fees, **I realize that by having my registration become effective before the beginning of the renewal period (April 1) my license will not be valid for a full year.**
- I wish to have my registration become effective on the following April 1st. (ONLY APPLICABLE FOR NEW OUTLETS)

ALL PHARMACISTS' AND INTERNS' CERTIFICATES MUST BE DISPLAYED PROMINENTLY
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)

ALL APPLICANTS MUST COMPLETE THIS SECTION (CHECK APPROPRIATE BOXES)

1. Do you have this equipment? (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 855-041-0040
2. Are these publications on hand? (IF NO, PLEASE EXPLAIN)
[] Yes [] No Reference books as per OAR 855-041-0040
[] Yes [] No Generic Sign as per ORS 689.515 (4)
[] Yes [] No Current Pharmacy Laws of Oregon
[] Yes [] No Procedures for use of technicians

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

PERSONNEL 855-041-0020

- (1) Pharmacist-in-Charge:
- (a) Each pharmacy must have one Pharmacist-In-Charge employed on a regular basis at that location who shall be responsible for the daily operation of the pharmacy. The Pharmacist-In-Charge shall be indicated on the application for a new or relocated pharmacy and for pharmacy renewal registration.
 - (b) A change of the Pharmacist-In-Charge must be filed with the Board within 15 days of its occurrence on an application form provided by the Board. An inventory of all controlled substances must be taken within 10 days of the effective date of change, must be dated and signed by the new Pharmacist-In-Charge and must be maintained in the pharmacy with other controlled substance records for three years.
 - (c) The Pharmacist-In-Charge, along with other licensed pharmacy personnel involved with management of the pharmacy, 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 conformance with the keeping and inventory requirements of federal law and Board rules.
 - (d) The Pharmacist-In-Charge of any pharmacy where discrepancies are noted upon inspection by the Board or its staff must, within 30 days of receiving notice of such discrepancy, submit in writing to the Board, the steps taken or proposed to eliminate the discrepancy. Failure to submit such report and to eliminate discrepancies is grounds for disciplinary action by the Board.
 - (e) No pharmacist shall be designated Pharmacist-In-Charge of more than two pharmacies without prior written approval by the Board. To apply for approval, the organization shall submit a detailed implementation plan, in writing, that shall include, but shall not be limited to, the following:
 - (A) Monthly compliance audit report form;
 - (B) Geographical area covered by Pharmacist-In-Charge;
 - (C) Address of drug outlets;
 - (D) Hours dedicated to Pharmacist-In-Charge duties at each location;
 - (E) Hours dedicated to dispensing and other duties.
 - (f) The Pharmacist-In-Charge shall conduct, on an inspection form provided by the Board, an annual inspection of the pharmacy by February 1st. A pharmacist designated as Pharmacist-In-Charge for greater than one drug outlet will be required to personally conduct and document a monthly compliance audit. This audit will at a minimum cover the following procedures:
 - (A) Counseling;
 - (B) Record keeping;
 - (C) Security;
 - (D) Pharmacist procedures; and,
 - (E) Technician procedures.

The completed report form shall be filed in the pharmacy and be available to the Board for inspection and be kept on file for three years.

The Pharmacist-In-Charge shall verify, on employment and annually, the licensure of pharmacists and the registration of technicians under their supervision.

- (2) Pharmacists:
- (1) All pharmacists while on duty, shall be responsible for complying with all state and federal laws and rules governing the practice of pharmacy.
 - (2) All pharmacists and pharmacist-interns shall notify the Board of Pharmacy, in writing, of any change in employment location or change of residence address within 15 days.

Pharmacist-in-Charge (please print)

License #

The pharmacist signing this document acknowledges reading and understanding the responsibilities of a pharmacist-in-charge.

Signature of Pharmacist-in-Charge

Date



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VERIFICATION FORM OF LICENSE/REGISTRATION IN RESIDENT STATE (required for home dialysis drug outlets located outside the State of Oregon). Applications for registration of out-of-state home dialysis drug outlets will not be processed without this verification. To prevent delays in processing your application, submit your completed verification form or letter from resident state with your application.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal.

License Number _____
Business Name _____
Physical Address _____
City, State, Zip Code _____
Mailing Address _____
City, State, Zip Code _____

To be completed by licensing/regulatory agency and mailed back to the applicant:

The above outlet has applied for a Home Dialysis Drug Outlet Registration with the Oregon Board of Pharmacy. This registration is required of any home dialysis drug outlet located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this home dialysis drug outlet 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 home dialysis drug 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 _____

Required)

(State Seal

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FOR BOARD USE ONLY	[0324] \$25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

FEE \$25.00

ALL FEES ARE NON-REFUNDABLE

PLEASE MAIL TO:

NAME _____

FACILITY NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

Number of CD's (PDF) _____ Amount enclosed \$ _____ (**\$25.00 per CD**)

Number of printed copies _____ Amount enclosed \$ _____ (**\$25.00 per set**)

PHARMACY LAWS AND RULES: ELECTRONIC VERSION

Electronic versions of pharmaceutical references listed under Oregon Administrative Rule 855-041-0040 satisfy the minimum equipment requirement for a pharmacy.

Oregon Board of Pharmacy Staff contacted the Secretary of State's office and were informed that the laws and rules are now updated within 30 days of a rule change being filed. Based on this information, the Board, at its March 2001 meeting, determined that a pharmacy having direct access to laws and rules via the State's website is not required to keep a paper copy of the pharmacy statutes and rules on file. Copies of the laws and rules continue to be available through the Board of Pharmacy office as before, and updates will be provided as before when rules are changed.

Oregon Revised Statute 475, which is the Uniform Controlled Substances Act, Oregon Revised Statute 689, which is the Oregon Pharmacy Act, and Oregon Administrative Rule 855, which includes the Board of Pharmacy Administrative Rules make up the laws and rules subject to the minimum equipment requirement. These can be found on the Board of Pharmacy web site at <http://www.pharmacy.state.or.us>, or on the State of Oregon website at <http://www.oregon.gov>.

Make checks payable to:

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PURSUANT TO ORS 30.701(5)**