



APPLICATION FOR REGISTRATION  
**REMOTE DISPENSING FACILITY**

(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](http://www.pharmacy.state.or.us)

**REMOTE DISPENSING FACILITY**  
**CONTROLLED SUBSTANCE APPLICATION** (*If applicable*)  
**LAWS & RULES** (*Not Required if Accessible Electronically*)

**FEE: \$100.00**  
**FEE: \$50.00**  
**FEE: \$25.00**

**ALL FEES ARE NON REFUNDABLE**

Dear Applicant:

Please read the following information for registration as a Remote Dispensing Facility.

1. Applicants must include the following along with a completed checklist: proposed policies and procedures, a description of the organization and distribution/dispensing procedures with their completed application for Board consideration. Applications will not be processed without these items. Please refer to checklist provided by the Board (this is a minimum list of requirements, additional requirements may be added). Note the following:
  - Facility may not change policies and procedures without written Board approval.
  - Upon Board *approval*, outlet agrees to be held to the Board *approved* policies and procedures. Deviation from *approved* policies and procedures is unprofessional conduct and grounds for discipline.
2. Registration and written approval by the Board of Pharmacy is required prior to commencing operations at any remote dispensing facility.
3. **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 the Remote Dispensing Facility Application.
4. **OREGON REVISED STATUES 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 documents will be scheduled for review by the Board once all required paperwork and fee(s) are received. After the Board reviews the documents you will be notified of their decision. Your registration is to be in your possession PRIOR to your doing business in Oregon. Remote Dispensing Facility Registrations expire March 31, annually. Renewals are due and must be post-marked by February 28, annually, which is one (1) month prior to the expiration date of your registration. Renewal notices will be mailed out by mid-January.

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

## **CHECKLIST OF MINIMUM REQUIREMENTS FOR THE LICENSURE OF A REMOTE DISPENSING FACILITY:**

### **1. Proposal:**

*Proposal must improve patient safety over what is currently required by Board of Pharmacy regulations.*

- Proposal must identify current regulation requirement(s) and how proposed plan exceeds current standard(s).
- How does this improve patient care and outcomes?

### **2. Operation Plan:**

- What is the plan?
  - Please describe anticipated volumes and staffing levels for each location
  - Describe staffing levels based on volume fluctuations.
- Where is the primary pharmacy and RDF located?
- What are the responsibilities of PIC, pharmacist, technician, and other staff? What are the restrictions?
- How often is a pharmacist on site?
- How is staff selected to work at RDF or monitor RDF?
  - What, if any, non-licensed personnel work at RDF or may interact with staff in the RDF?
- What are the training requirements to work at RDF and to monitor RDF?
  - What occurs if trained personnel are sick, unavailable due to weather, vacation?
  - What is procedure if audio or video equipment failure/problem?
  - Regular aseptic technique verification, how to document stock medication movement, limitations of license and when pharmacist involvement required, procedures for RPH verification.
  - What is ongoing training requirement and evaluation/review of performance?
- How is RDF staff monitored for impairment?
  - How is impairment suspicion handled?
- What is workflow?
- How are orders received?
- Who at RDF is responsible for notifying RPH of problems, concerns, suspicions?
- What are the hours of operation?
- What are procedures for opening/closing/down time (when RPH at lunch or RDF staff at lunch)?
- How is site secured after hours?
- Minimum required work area adequate for performance of RDF functions? How do you minimize distractions?
  - Floor plan of RDF and where located within facility it services.
- What areas are covered by audio and video equipment?
  - What is the frequency that RPH monitors?
  - What is workload and other responsibilities of monitoring RPH?
- What areas are not covered by audio and video equipment?
  - What occurs outside of monitored area?
- How are medications and records secured?
  - Read only data?
  - Terminals password protected until RPH logs in?
  - Medications? In Automated Distribution Cabinets with RPH release of key?
  - What medications are kept at RDF (formulary by name or category)?

- Where does RDF receive medication stock?
  - Do medications come from pharmacy or can RDF order direct from wholesaler?
  - Who handles ordering?
- Who/how frequently is inventory reconciled?
- How does pharmacist verify work and how is this documented?
- What safeguards against release of work not verified by pharmacist?
- How does staff at RDF handle requests for stock medications by a provider?
  - How is a DUR performed prior to administration? For example, anticipated ancillary medications that go with treatment like Zofran with chemo.
- How do non-RDF personnel know the limitations of RDF staff license? For example, nurse not to ask technician dosing questions.

### 3. **Policies and Procedures**

- Must provide copy of all policies and procedures addressing above listed questions.

### 4. **Quality Assurance**

- Random testing of products
- Work related injuries; for example, needle sticks.
- Errors, near misses, adverse events with patient
- Reporting any known or suspected violations of Board Regulations.
  - Frequency of QA meetings and meeting minutes

## **ADDITIONAL INFORMATION MAY BE REQUESTED**

APPLICATION FOR REGISTRATION

REMOTE DISPENSING FACILITY

(Expires March 31 Annually)

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



FOR BOARD USE ONLY [0321] \$100.00
RECEIPT # \_\_\_\_\_
CHECK # \_\_\_\_\_
ENTERED BY \_\_\_\_\_

REMOTE DISPENSING FACILITY

FEE: \$100.00
ALL FEES ARE NON REFUNDABLE

[ ] New Outlet Start Date \_\_\_\_\_
[ ] Owner Change Date Effective \_\_\_\_\_ License number \_\_\_\_\_

A change of ownership 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 689.405 (1)(f) The furnishing of false information is grounds to deny registration.

Responsible Pharmacy Name \_\_\_\_\_

Responsible Pharmacy License Number \_\_\_\_\_

Remote Dispensing Facility Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Responsible Pharmacy Phone Number ( ) - FAX # ( ) -

Have you developed the policies and procedures addressing all items listed on the Board provided check list.
Yes \_\_\_\_\_ No \_\_\_\_\_

Pharmacist-in-Charge (please print) \_\_\_\_\_

License # \_\_\_\_\_

Signature of Pharmacist-in-Charge \_\_\_\_\_

Date \_\_\_\_\_

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.

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)

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  
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RECEIPT # \_\_\_\_\_  
CHECK # \_\_\_\_\_  
ENTERED BY \_\_\_\_\_

**CONTROLLED SUBSTANCE**

**FEE \$50.00**

The Controlled Substance registration is not an independent registration, it must be issued in conjunction with a **Remote Dispensing Facility Registration**.  
**(If Not Applicable, please check here) [ ]**

Please PRINT or TYPE

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

Responsible Pharmacy Name \_\_\_\_\_

Responsible Pharmacy License Number \_\_\_\_\_

Remote Dispensing Facility Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Responsible Pharmacy Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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. Are you 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. Has the applicant been convicted of a felony in connection with controlled substances under state or federal law? [ ] YES [ ] 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? [ ] YES [ ] NO

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

**IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, ATTACH LETTER SETTING FORTH THE CIRCUMSTANCES.**

\_\_\_\_\_  
Print or Type Name of Applicant Signature of Applicant or Authorized Individual Date

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# STAFFING INFORMATION

## REMOTE DISPENSING FACILITY

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List all pharmacists that will work at or monitor the facility.  
List all technicians and other staff that will work at the facility.  
*This form may be duplicated as needed.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

OREGON BOARD OF PHARMACY  
800 NE OREGON STREET, SUITE 150  
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[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)



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

**OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES**

**FEE \$25.00**

Please Mail to:

NAME \_\_\_\_\_

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 listed under Oregon Administrative Rule 855-041-1035 formerly 855-041-0040 satisfy the minimum equipment requirement for a pharmacy.
- The Oregon Board of Pharmacy Official Newsletter can be subscribed to by sending an email to [OregonBOPNewsletter@nabp.org](mailto:OregonBOPNewsletter@nabp.org) with only the word "Subscribe" in the subject heading and body of the email. Once you subscribe, you will receive a notice via e-mail when the newsletter is available.
- 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:
  - Oregon Revised Statute Chapter 689, Oregon Pharmacy Act
  - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act
  - Oregon Administrative Rules Chapter 855

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PURSUANT TO ORS 30.701(5)*