

APPLICATION FOR REGISTRATION  
**AUTOMATED PHARMACY SYSTEM**

(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)

**AUTOMATED PHARMACY SYSTEM**  
**LAWS & RULES** (*Not Required if Accessible Electronically*)

**FEE: \$100.00**

**FEE: \$25.00**

**ALL FEES ARE NON REFUNDABLE**

Dear Applicant:

Enclosed is the Automated Pharmacy System Registration application packet containing:

1. AUTOMATED PHARMACY SYSTEM APPLICATION.
2. 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). 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.
3. Written approval by the Board of Pharmacy is required prior to installing any Remote Dispensing Machine (RDM).
4. Please submit a copy of your policies and procedures as required in OAR 855-041-0600 through OAR 855-041-0620 to the Board office with the completed application.

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. Automated Pharmacy System 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 license. Renewal notices will be mailed out by mid-January.

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

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

**AUTOMATED PHARMACY SYSTEM**

**FEE: \$100.00**

**ALL FEES ARE NON REFUNDABLE**

- New Outlet                      Start Date \_\_\_\_\_
- Location Change              Date Effective \_\_\_\_\_ License number \_\_\_\_\_

A change of 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.

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

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

Remote Dispensing Machine Location Address \_\_\_\_\_

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

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

Remote Dispensing Machine Serial Number \_\_\_\_\_

Have you developed the policies and procedures as required by the Remote Dispensing Rule (OAR 855-041-0600 through OAR 855-041-0620) 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)*