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. 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. Please submit a copy of your policies and procedures as required in OAR 855-041-4100 through OAR 855-041-4120 to the Board office with the completed application and fees.

4. Written approval by the Board of Pharmacy is required prior to installing any Remote Dispensing Machine (RDM).

Please be aware that your registration will be issued upon approval once all required paperwork and fee(s) are processed. Your license is to be in your possession PRIOR to doing business in Oregon. Automated Pharmacy System 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 mid-January.

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

AUTOMATED PHARMACY SYSTEM

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.

Please PRINT or TYPE

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

Responsible Pharmacy Name ____________________

Corporate / LLC Name: ______________________

Responsible Pharmacy License Number: ____________ Federal Tax ID # or Owner SSN: ____________

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

Remote Dispensing Machine Location Address ______________________

City, State, Zip ______________________

Remote Dispensing Machine Serial Number ______________________

License & Renewal Mailing Address: ______________________

City, State, Zip: ______________________

Licensing Contact Person: ______________________ Title ______________________ Contact Phone ______________________

Licensing Contact Person E-mail Address: ______________________

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

Name ______________________ Title ______________________ Address, City, State, Zip ______________________ Email ______________________

Name ______________________ Title ______________________ Address, City, State, Zip ______________________ Email ______________________

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 ______________________

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 POLICIES & PROCEDURES 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)

Revised June 2017