

APPLICATION FOR REGISTRATION
**SUPERVISING PHYSICIAN DISPENSING
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

SUPERVISING PHYSICIAN DISPENSING DRUG OUTLET
CONTROLLED SUBSTANCE REGISTRATION (*If Applicable*)

FEE: \$175.00
FEE: \$ 50.00

Dear Applicant:

Enclosed is the Supervising Physician Dispensing Drug Outlet Registration Application. This application is for a physician or physician organization that supervises a physician assistant with dispensing authority. The Supervising Physician Dispensing Outlet Registration will allow a physician or physician organization that supervises a physician assistant with dispensing authority to dispense from the registered dispensing site. Listed below are the required supplemental items needed to complete your application.

1. Description of organization and dispensing process.
2. **NEW, RELOCATED OR REMODELED SUPERVISING PHYSICIAN DISPENSING DRUG OUTLETS** must submit a floor plan, drawn to scale (can be hand drawn). Floor plans should identify the location of sinks, refrigerator, doors and designated secured drug storage area.
3. Each Supervising Physician Dispensing Drug Outlet must obtain a consultant pharmacist and must have a supervising physician. *If you should have a change in consultant pharmacist or supervising physician, the Board of Pharmacy must be notified within 15 days of the change.*
4. **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 Supervising Physician Drug Outlet Registration. If your facility does not handle controlled substances, please check the box "Not Applicable" and return it with the Supervising Physician Drug Outlet Application. Note: The controlled substance fee is **not** required if the application is marked "Not Applicable." Supervising Physician Drug Outlet Applications will not be processed without the completion of the Controlled Substance Application
5. **OREGON REVISED STATUES and ADMINISTRATIVE RULES** are available for review on our web site at: www.pharmacy.state.or.us or you may order a hard copy from the Board.

Your license is to be in your possession **PRIOR** to the dispensing of any drug. Supervising Physician Dispensing Drug Outlet Registrations expire March 31, annually. Renewal notices will be mailed in advance early-January.

APPLICATION FOR REGISTRATION

**SUPERVISING PHYSICIAN
DISPENSING 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



FOR BOARD USE ONLY [0340] \$175.00
RECEIPT # _____
BATCH DATE-
NUMBER _____
ENTERED BY _____

SUPERVISING PHYSICIAN DISPENSING 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 _____
- [] Name Change Date Effective _____ Former License Number _____

Please check the appropriate box regarding application status. Note that there is no fee for a name change only.

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 689.405 (1) The furnishing of false information is grounds to deny registration.

Outlet Name: _____

Location Address: _____

Phone Number: () - FAX Number: () -

City, State, Zip _____

License & Renewal Mailing Address _____

City, State, Zip _____

Federal Tax ID # _____ Email Address: _____

Hours/Days Establishment is Open: _____ AM to _____ PM _____ Through _____

Consultant Pharmacist Name: _____ License No. _____

Contact Person: _____ Title _____ Contact Phone _____

Policies and procedures have been developed for the following: *If no please explain.*

- [] Yes [] No Receiving drugs
- [] Yes [] No Security
- [] Yes [] No Drug storage
- [] Yes [] No Dispensing of drugs
- [] Yes [] No Record keeping
- [] Yes [] No Disposal of unusable drugs
- [] Yes [] No Staff training

Supervising Physician

Name _____

License No. _____

Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Email Address _____

Normal Business Hours of Facility _____

Please answer all of the following:

1. Yes No Has disciplinary action ever been taken, or is any such action currently pending against any of the persons listed in this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation? If “yes”, attach a detailed explanation of the incident and describe any penalty incurred.

2. Yes No Before purchasing a drug from any distributor, do you verify that the vendor is legally authorized to sell the drug?

3. Yes No Physician assistants that will dispense drugs will be registered appropriately with the Oregon Medical Board?

The undersigned hereby certifies that all the information contained in this application for registration is true and correct and that all the provisions of the law relative to the conduct of business operating there under will faithfully be observed. I also understand that under ORS 689.405(1) the furnishing of any false information is grounds for denial of registration.

Print or Name of Supervising Physician Signature of Supervising Physician Date

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)

Ownership Information

Please check the appropriate box:

Corporation or LLC Individual Owner, Trustee or Receiver Partnership

Owner Name: _____

Parent Company Name (If entity is owned by another entity): _____

Complete the information below for officers, members or partners if owned by a corporation, limited liability company or partnership. 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: _____

**CONTROLLED SUBSTANCE
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



FOR BOARD USE ONLY [0310] \$50.00
RECEIPT # _____
CHECK # _____
ENTERED BY _____

FEE \$50.00
ALL FEES ARE NON REFUNDABLE
(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.

Outlet Name _____

Location Address _____

Phone Number () - FAX # () -

City, State, Zip _____

License & Renewal Mailing Address _____

City, State, Zip _____

Phone Number () - FAX # () -

Contact Person _____ Title _____ Contact Phone _____

Federal Tax ID # or Owner SSN: _____ Does this outlet belong to a chain? [] Yes [] No

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 [] YES [] NO substances in the schedules for which you are applying under the laws of the Federal Government?

CURRENT FEDERAL REGISTRATION NUMBER _____

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

3. If the applicant is a corporation, association or partnership, has any officer, partner or [] YES [] NO stockholder been convicted of a felony in connection with controlled substances under state or federal law?

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

5. If the applicant is a corporation, association or partnership, has any officer, partner, or [] YES [] NO stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?

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

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971)673-0001

www.pharmacy.state.or.us



FOR BOARD USE ONLY [0324] \$25.00

RECEIPT # _____

BATCH DATE-
NUMBER _____

ENTERED BY _____

OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES (Optional)

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 855-041-0040 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 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 Boards website at <http://www.pharmacy.state.or.us>. Included are:
 - Oregon Revised Statute Chapter 689
 - The Oregon Pharmacy Act
 - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act

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