APPLICATION FOR REGISTRATION

WHOLESALE CLASS I
In State and Out of State
(Expires September 30 Annually)
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
Telephone: (971) 673-0001
www.oregon.gov/pharmacy

Wholesaler Class I Registration
Fee: $400.00

Controlled Substance Registration (If Applicable)
Fee: $50.00

Laws & Rules (If Needed)
Fee: $25.00

ALL FEES ARE NON REFUNDABLE

Dear Applicant:
Please read the following instructions for applicants for registration as a Wholesaler Class I Drug Outlet.

1. Oregon Administrative Rule 855-065-0001 states who is required to register as a Wholesaler Class I.
   http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_065.html

2. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until you have been notified that your application has been approved and the registration has been issued.

Registrations expire September 30 each year. We do not prorate fees. Renewals are due and must be post-marked by August 31, annually, which is one (1) month prior to the expiration date of your license. Renewal notices will be mailed out mid-July.

3. A Wholesaler Class I Registration authorizes the applicant to conduct the wholesale distribution of prescription and non-prescription drugs into and within Oregon.

If the facility provides Third-Party Logistics services or a facility whose sole purpose is the marketing, brokering or arranging the distribution of drugs must register as a Drug Distribution Agent in accordance with http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_062.html

4. Each Wholesaler Class I must have a current Verified-Accredited Wholesale Distributors (VAWD) accreditation through the National Association of Boards of Pharmacy or have an inspection report from an approved state. A list of states whose inspections have been approved by the Board is located at http://www.oregon.gov/pharmacy/Imports/State.Inspections.pdf. Outlets located in Oregon may request an inspection by the Oregon Board of Pharmacy.

5. A Wholesaler Class I that does not have a current VAWD accreditation must provide evidence of a $100,000 Surety Bond that lists the Oregon Board of Pharmacy as its sole beneficiary. You must provide a separate surety bond for each location. The surety bond must contain:
   - Principal – Full name and physical address of location listed on bond
   - Sole Beneficiary – Oregon Board of Pharmacy
   - Amount: $100,000.00

6. If you are registering as a Wholesaler and perform repackaging functions (which means repackaging or otherwise changing the container, wrapper, or labeling of a prescription drug to further its distribution) you must include an explanation of all repackaging functions the Wholesaler is performing.

You may also need to hold a Wholesaler registration as well as a Manufacturer registration depending on the services the facility provides.
7. Each company, even if under common ownership, **must** submit a separate application for registration.

8. You must pay a registration fee for each application for a **New Registration, an Ownership Change or a Location Change**. The Board only accepts payment by check or money order for new applications. **All fees are non refundable.**

   Examples of a required ownership change application include: corporate restructure; LLC to a Corporation, Corporation to LLC; acquisition of assets; or additions or deletions of an owner. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

   If you are completing these forms to report a **Name Change** only, you do not pay a fee.

9. **Oregon Controlled Substance Registration** - The Controlled Substance Registration is required for all outlets that distribute or handle controlled substances. Be advised that the Controlled Substance Registration is not an independent registration. It must be issued in conjunction with a Wholesaler Registration.

   Applications will not be processed without the completion of the Controlled Substance Application. A copy of the DEA registration must be submitted with your application. If your facility **does not handle** controlled substances, the box “Not Applicable” must be checked. Note: The controlled substance fee is **not** required if the application is marked “Not Applicable.”

10. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) Applications for out-of-state wholesalers will not be processed without this verification.

   To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency **with your application(s)**. License verifications must be original and not tampered with, this includes the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of the facility’s resident license or registration.

   If your home state does not issue you any type of professional or business license, attach an original letter dated within the last 24 months, from the state agency that licenses drug outlets stating that you do not need a license.

11. **Oregon Revised Statues and Administrative Rules** are accessible on our web site at: [http://www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy). You may purchase a hard copy or CD for $25 (check the box on the application if you wish to purchase one or more sets).

12. Failure to submit a complete application will significantly increase application processing time. Be sure the following items are included with the completed application:
   - $400 application fee / $450 application fee if distributing or handling controlled substances
   - VAWD accreditation or Inspection Report and Surety Bond
   - Controlled Substance Application and copy of DEA registration (or indicate N/A on page 2 of application)
   - License/Registration Verification from resident state or recent printout from resident State’s online verification system & copy of resident state license.
   - Disciplinary Actions / Board orders and detailed explanation if applicable.

   Please note: All communication regarding this application and any application deficiencies will be emailed to the Licensing Contact Person listed on page 1 of this application.

   *All Wholesalers must complete a Self-Inspection Report by September 1 annually. This report form is available on our website and must be retained at the facility for 3 years and be made available to the Board upon request. Do not send this report to the Board unless it is specifically requested.*
APPLICATION FOR REGISTRATION

WHOLESALE CLASS I
Prescription and Non-Prescription
In and Out of State
(Expires September 30 Annually)
Oregon Board of Pharmacy
800 Ne Oregon Street, Suite 150
Portland, OR  97232
Telephone (971) 673-0001
www.oregon.gov/pharmacy

Please check all that apply:
[   ] Wholesaler Class I Registration (with or without controlled substances) Fee: $400.00
[   ] Controlled Substance Registration Fee: $  50.00
[   ] Laws & Rules per set, please indicate quantity Fee: $  25.00

TOTAL ENCLOSED: ALL FEES ARE NON REFUNDABLE

Please check the appropriate box regarding application status:
[   ] New Outlet Start / Effective Date: ________________
[   ] License Reinstatement [   ] Owner Change [   ] Location Change [   ] Name Change Only - No fee required

You must submit a new application and registration fee within 15 days of a change of ownership or location.

Please PRINT or TYPE
WARNING: ORS 475.135 (e) and OAR 855-065-0007 (4) prohibits the furnishing of false information and is grounds to deny registration.

Business Name (DBA): ________________________________
Corporate / LLC Name: ________________________________
Federal Tax ID # or Owner SSN: _________________________
Location Address: ____________________________________
City, State, Zip: ________________________________
Phone Number: (___) - ___ FAX # (___) - ___
License & Renewal Mailing Address: __________________________
City, State, Zip: ________________________________
Licensing Contact Person: ____________________________ Title ___________________ Contact Phone ____________
Licensing Contact Person E-mail Address: __________________________

Types of Products Wholesaled: ____________________________

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 or the facility listed on 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. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents.
[   ] Check here if this information has been previously reported to the Oregon Board of Pharmacy.

2.[   ] Yes [   ] No Prior to distributing any pharmaceutical products into Oregon, do you verify that the products’ manufacturer is licensed in Oregon?

3.[   ] Yes [   ] No Prior to shipping any pharmaceutical product into or within Oregon, do you verify that the recipient in licensed in Oregon?
4. [ ] Yes [ ] No Is the facility VAWD Accredited through the NABP? If yes, submit a copy of your accreditation certificate. If you have submitted an application to NABP check the “Pending” box below and indicate the date it was submitted.

[ ] Pending Date: ____________________________

5. [ ] Yes [ ] No Have you been inspected within the last three years by a state whose inspection report has been approved by the Oregon Board of Pharmacy? (Out-of-state facilities only).

5. [ ] Pending Date: ____________________________

6. [ ] Yes [ ] No Are you a Third-Party Logistics Provider?* A Third-Party Logistics Provider means an entity that contracts with a manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of the manufacturer, but does not take title to the drug or have general responsibility to direct the sale or disposition of the drug. *If the answer to question 6 is “Yes”, you will need to register as Drug Distribution Agent in addition to a Wholesaler.

7. [ ] Yes [ ] No Are you a repackager as defined in OAR 855-065-0005(16)?
If yes, list your FDA Labeler Code #: ____________________________ You must submit a detailed description of all repackaging functions performed at this location with this application. You may need to register as a Manufacturer in addition to a Wholesaler.

**CONTROLLED SUBSTANCE INFORMATION:**
If NOT applicable, please check here: [ ]

If you are a wholesaler of controlled substances, please complete the next 5 questions.

Oregon Schedules of Controlled Substances may be found at: http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_080.html and may be different from the Federal schedules. You must comply with the most stringent.

DRUG SCHEDULES (Check all that apply)

[ ] Schedule I [ ] Schedule II [ ] Schedule III [ ] Schedule IV [ ] Schedule V
[ ] Narcotic [ ] Non-Narcotic

1. Are you currently registered by the DEA to manufacture, distribute or otherwise handle controlled substances in the schedules for which you are applying under the laws of the Federal Government? [ ] YES [ ] NO

DEA REGISTRATION NUMBER ____________________________

2. If you are a corporation, association or partnership, has any officer, partner or stockholder ever been convicted of a felony in connection with controlled substances under state or federal law? [ ] YES [ ] NO

3. Have you ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied? [ ] YES [ ] NO

4. If you are a corporation, association or partnership, has any officer, partner, or stockholder ever 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 4, attach letter of explanation.

Please select all that apply:

[ ] 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 (October 1) my license will not be valid for a full year.

[ ] I wish to have my registration become effective on the next October 1st. (only applicable for new outlets)

The undersigned hereby certifies that all the information contained in this application for wholesaler 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 475.135(e) and OAR 855-065-0007 (4), the furnishing of any false information is grounds for denial of registration.

Print or Type Name of Applicant ____________________________ Signature of Applicant or Authorized Individual ____________________________ Date ____________________________

MAIL THIS APPLICATION WITH ALL 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
WHOLESALER CLASS I
In and Out of State
(Expires September 30 Annually)
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
Telephone: (971) 673-0001
www.oregon.gov/pharmacy

Designated Representative of Facility

Designated Representative requirements are in Oregon Administrative Rule 855-065-0009. Note: You must notify the Board in writing of a change in designated representative within 15 days of the change by re-submitting this form.

Designated Rep Name ____________________________________________
Business Name _________________________________________________
Business Address _______________________________________________
City, State, Zip _________________________________________________
Phone Number _________________________________________________
Fax ___________________________________________________________
Email Address _________________________________________________
Normal Business Hours of Facility _________________________________

Please answer all of the following:

[ ] Yes [ ] No Are you the designated representative of more than one wholesale distributor? If “yes”, attach a sheet with an explanation and details.

[ ] Yes [ ] No Are you actively involved in and aware of the daily operations of the wholesale distributor? If “no”, attach a sheet with an explanation and details.

[ ] Yes [ ] No Are you physically present at the wholesale distributor during normal business hours? If “no”, attach a sheet with an explanation and details.

The designated representative signing this document acknowledges reading and understanding the responsibilities of a designated representative in Oregon Administrative Rule 855-065-0009 and the requirement to comply with Oregon laws and rules.

Designated Representative Signature ____________________________ Date ______________________
Ownership Information

Publicly Held Corporation [ ] Yes [ ] No

If No, Owner Name _____________________________________________

Parent Company Name (If owned by another entity) ____________________________

Complete this form for all owners. Please include at least one of the following: CEO, President, Owner or Members of the LLC and Registered Agent.

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 ____________________________________________

This page may be duplicated as needed
License/Registration Verification in Resident State

License/Registration Verification in Resident State (required for all Drug Distribution Agents, Manufacturers and Wholesalers located outside the State of Oregon). Applications for out-of-state wholesalers will not be processed without this verification.

To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency with your application(s). License verifications must be original and not tampered with, this includes the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of your license or registration.

To be completed by Applicant: You are responsible for sending this document to your resident State licensing agency for their verification and state seal. You must attach a photocopy of your registration or license.

<table>
<thead>
<tr>
<th>Resident State</th>
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<tbody>
<tr>
<td>License Number</td>
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<tr>
<td>License Type</td>
</tr>
<tr>
<td>Business Name</td>
</tr>
<tr>
<td>Physical Address</td>
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<tr>
<td>City, State, Zip Code</td>
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To be completed by licensing/regulatory agency and returned to the applicant:

The above establishment has applied for a Drug Distribution Agent, Manufacturer or Wholesaler Registration with the Oregon Board of Pharmacy. This registration is required of any resident or non-resident drug outlet that is engaged in the distribution of drugs within Oregon.

Written verification that this establishment 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 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

(State Seal Required)
OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

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 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.oregon.gov/pharmacy. Included are:
  - Oregon Revised Statute Chapter 689, Oregon Pharmacy Act
  - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act
  - Oregon Administrative Rules Chapter 855

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