



APPLICATION FOR REGISTRATION
RETAIL OR INSTITUTIONAL DRUG OUTLET

IN AND OUT OF STATE

(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

RETAIL OR INSTITUTIONAL DRUG OUTLET

Fee: \$300.00

CONTROLLED SUBSTANCE (If Applicable)

Fee: \$100.00

LAWS & RULES (Not Required if Accessible Electronically)

Fee: \$25.00

ALL FEES ARE NON REFUNDABLE

Dear Applicant:

Please be advised of the following information for registration of a Retail or Institutional Drug Outlet.

1. The registration must be issued before opening.
2. Outlets may need **both** a Retail **and** Institutional Drug Outlet Registration based on services provided.
3. Per Oregon Administrative Rule Definitions, registration fee(s) are required for **NEW OUTLETS, OWNERSHIP CHANGES** or **LOCATION CHANGES**. Payments may only be made by check or money order.
4. **NEW OR RELOCATED PHARMACIES** must submit a floor plan, drawn to scale (can be hand drawn). Floor plans should identify the location of sinks, refrigerator, windows and doors (note whether windows/doors are secure/unsecured.)
5. No fee is required if you are completing these forms to report a **NAME CHANGE ONLY**.
6. Effective **April 1, 2009** all out-of-state mail order pharmacies must have an Oregon licensed Pharmacist-in-Charge.
7. **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 Retail or Institutional Drug Outlet Registration. If your facility does not handle controlled substances, please check the box "Not Applicable" and return it with the Retail or Institutional Drug Outlet Application. Note: The controlled substance fee is **not** required if the application is marked "Not Applicable." Retail and Institutional Drug Outlet Applications will not be processed without the completion of the Controlled Substance Application.
8. **VERIFICATION FORM OF LICENSE/REGISTRATION IN RESIDENT STATE** (required for pharmacies located outside of Oregon.) Applications for registration of out-of-state pharmacies 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
9. **OREGON REVISED STATUTES and ADMINISTRATIVE RULES** are available for review on our web site at: 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 registration will become effective once all required paperwork and fee(s) are received. Your license is to be in your possession **PRIOR** to doing business in Oregon. Retail and Institutional Drug Outlet 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 in advance mid-January.

APPLICATION FOR REGISTRATION

**RETAIL OR INSTITUTIONAL DRUG OUTLET
IN AND OUT OF STATE**

(Expires March 31 Annually)

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800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
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FOR BOARD USE ONLY [0306] \$300.00

RECEIPT # _____

CHECK # _____

ENTERED BY _____

RETAIL OR INSTITUTIONAL DRUG OUTLET

FEE: \$300.00

ALL FEES ARE NON REFUNDABLE

CHECK ONE [] RETAIL [] INSTITUTIONAL

- [] New Outlet Start Date _____
- [] Owner Change Date Effective _____ Former License Number _____
- [] Location Change Date Effective _____ Former License Number _____
- [] Name Change Only Date Effective _____ Former License Number _____

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(1) (e) and ORS 689-405(1) The furnishing of false information is grounds to deny registration.

Pharmacy Name _____

Location Address _____

Phone Number (____) _____ - _____ FAX # (____) _____ - _____

City, State, Zip _____

License & Renewal Mailing Address _____

City, State, Zip _____

Contact Person _____ Title _____ Contact Phone _____

Federal Tax ID # _____ Email Address: _____

Please check all that apply to this location

[] Chain [] Mail Order [] Nuclear Pharmacy [] Compounding [] Hospital [] Long Term Care [] Home Infusion [] Community Based

Hours/days pharmacy is open: _____ AM to _____ PM _____ Through _____

Hours/days pharmacy is open: _____ AM to _____ PM _____ Through _____

Ownership: Please complete lines 1-4 below.

- [] Corporation/LLC (Name and address of Corporation officers or Members. [] Individual Owner, Trustee or Receiver. (Enter name, title & address below.) [] Partnership (List below names and addresses of the 4 largest share holders.)

NAME	TITLE	MAILING ADDRESS & PHONE
1.		
2.		
3.		
4. *Company Name	*Date Organized (if new)	*State in which incorporated

PLEASE CHECK ONE:

- [] I wish to have my registration application processed on the date you receive my COMPLETE APPLICATION and PAYMENT. 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 and fees will not be prorated.**
- [] I wish to have my registration become effective on the following April 1st. (ONLY APPLICABLE FOR NEW OUTLETS)

CONTROLLED SUBSTANCE
APPLICATION FOR REGISTRATION UNDER
OREGON CONTROLLED SUBSTANCE ACT
(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 [0310] \$100.00
RECEIPT # _____
CHECK # _____
ENTERED BY _____

FEE \$100.00
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.

Business Name _____

Location Address _____

Phone Number () - FAX # () -

City, State, Zip _____

License & Renewal Mailing Address _____

Contact Person _____ Title _____ Contact Phone _____

City, State, Zip _____

Phone Number () - FAX # () -

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

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

RETAIL OR INSTITUTIONAL DRUG OUTLET

(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

Out-of-State Establishments Only

Verification Form of License/Registration in Resident State (required for retail or institutional drug outlets located outside the State of Oregon). Applications for registration of out-of-state retail or institutional drug outlets will not be processed without this verification. To prevent delays in processing submit a completed verification form or letter from your resident state with your application.

To be completed by Registration Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. Photocopies of verification or verifications that have been tampered with will not be accepted.

Resident State _____
License Number _____
License Type _____
Pharmacy Name _____
Physical Address _____
City, State, Zip Code _____

To be completed by licensing/regulatory agency and mailed back to the applicant:

The above pharmacy has applied for a Retail or Institutional Drug Outlet Registration with the Oregon Board of Pharmacy. This registration is required of any pharmacy located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this pharmacy 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 mail it back to the applicant.

- [] The pharmacy 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)

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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 855-041-0040 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, 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)**