OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.oregon.gov/pharmacy

LICENSE / REGISTRATION VERIFICATION REQUEST FORM

FEE $10.00
ALL FEES ARE NONREFUNDABLE

REQUIRED INFORMATION:

LICENSEE / REGISTRANT NAME _____

LICENSE / REGISTRATION NUMBER _____

MAILING ADDRESS _____

CITY, STATE & ZIP _____

EMAIL _____ PHONE: _____

PURPOSE OF VERIFICATION: _____

COMPLETED VERIFICATION TO BE SENT TO:

[ ]   STATE BOARD OR ENTITY LISTED BELOW   **OR**   [ ]   RETURN TO LICENSEE / REGISTRANT

STATE BOARD / ENTITY NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

License verification fee may be paid **online by invoice**, or by **check or money order** mailed with this completed form to the address listed below:

Oregon Board of Pharmacy
800 NE Oregon St., Ste 150
Portland, OR 97232

To request an invoice for a license verification, email pharmacy.licensing@bop.oregon.gov.   Be sure to include your license number and name as it appears on your license / registration.

For credit card payments, you must first request an invoice. Once the invoice is emailed to you, log into your eGov account and click on "Pay an Invoice".

Once payment has been made through your eGov account, enter the payment confirmation you receive from the US Bank ePayment system below.   Return completed form, including the ePayment Confirmation number to pharmacy.licensing@bop.oregon.gov.   **DO NOT ENTER YOUR CREDIT CARD INFORMATION BELOW**. Board staff is unable to process credit card payments on your behalf.

ePayment Confirmation number: PHRMCY00_____ Payment Date:_____

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

Revised March 2021