



APPLICATION FOR REGISTRATION
RETAIL DRUG OUTLET
REMOTE DISPENSING SITE PHARMACY

(Expires March 31 Annually)

APPLICATION REQUIREMENTS:

- \$225.00 application or owner/location change fee / \$325.00 with controlled substances.** All fees are nonrefundable.
- Copy of active DEA Registration** – If controlled substances are not applicable to this RDSP, check “Not Applicable” on page 5 of the application.
- Copy of all fully executed board orders with a detailed explanation** - required for any “Yes” answers to the disciplinary questions on pages 2 or 6. This includes all pending disciplinary actions, investigations, notices, citations, etc.
- Floor plan and security of Remote Dispensing Site Pharmacy (RDSP) – Include a legible 8.5” x 11” floor plan** which **CLEARLY** provides the location of the following:
 - **Sink(s)**
 - **Refrigerators**
 - **Windows - Must note secured or unsecured**
 - **Doors - Must note secured or unsecured**
 - **Alarm Panel**
 - **Security Cameras**
- Non-resident Affiliated Pharmacies must include a **copy of resident state license or registration and an original license verification.**

***Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months from applicant signature will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

Mail completed application and all required documentation to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232

Questions? Contact us:

Telephone: (971) 673-0001
www.oregon.gov/pharmacy
pharmacy.licensing@bop.oregon.gov

See below for important information and instructions to apply for registration as a Remote Dispensing Site Pharmacy.

1. Oregon Administrative Rule (OAR) [Chapter 855, Division 139](#) lists those persons who are required to register as a Remote Dispensing Site Pharmacy.
2. The registration will be issued once all required documents and fee(s) have been received, reviewed, and approved.
3. **NEW OR RELOCATED PHARMACIES** must submit a legible 8.5” x 11” floor plan, drawn to scale (can be hand drawn). Floor plans must **CLEARLY** identify the location of sinks, refrigerators, windows, doors, alarm panels, and security cameras. Additionally, all windows and doors must be identified as secured or unsecured.

4. Each company or location address, even if under common ownership, must submit a separate application for registration.
5. A registration fee is required for each application for **a new registration, ownership or location change. All fees are nonrefundable.**

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.

To report a **name change** only, you must submit an application which includes the legal documentation of the facility name change. No fee is required.

6. An **Oregon Controlled Substance Registration** is required for all drug outlets that receive, possess, store, distribute, deliver, or dispense controlled substances.

If controlled substances are not applicable to the RDSP facility, check the box "Not Applicable" on page 5 of the application.

NOTES:

- **Controlled substances are not permitted on-site at the RDSP unless both the Oregon Controlled Substance Registration and DEA Registration have been issued.**
- **The DEA may require an on-site inspection prior to consideration for a DEA registration at the RDSP.**
- *Oregon Schedules of Controlled Substances can be found in Oregon Administrative Rule –[Chapter 855 Division 080](#) and may be different from the Federal schedules. You must comply with the most stringent.*

7. A RDSP Affiliated pharmacy located outside of Oregon must include a **copy of the resident state pharmacy license/registration and a license/registration verification from their resident state licensing agency.**

To prevent a delay in processing, be sure to include the original license / registration verification from the RDSP Affiliated Pharmacy's resident state licensing agency. If the license or registration can be verified online, a recent printout from the online system may be submitted.

A copy of the license or registration is required and will not be accepted in lieu of a license verification.

8. Oregon Revised Statutes and Administrative Rules are accessible on our web site at: <https://www.oregon.gov/pharmacy/Pages/Laws-Rules.aspx>. You may purchase a printed copy for \$25 (check the box on the application if you wish to purchase one or more sets).

Do not leave any application fields blank. All fields are required.

A registration must be issued and in the possession of the facility prior to operation in Oregon. Remote Dispensing Site Pharmacy Drug Outlet Registrations expire March 31 and require a renewal fee annually. Fees are not prorated.

APPLICATION FOR REGISTRATION

REMOTE DISPENSING SITE PHARMACY
RETAIL DRUG OUTLET

(Expires March 31 Annually)
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY	[0305] \$225.00
	[0310] \$100.00
	[0326] \$25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____

Please check all that apply:

- Remote Dispensing Site Pharmacy
- Controlled Substance Registration
- Laws & Rules per set, please indicate quantity _____

Fee: \$225.00
Fee: \$100.00
Fee: \$25.00

ALL FEES ARE NONREFUNDABLE

<p>Type of Application – Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New Facility Application –Effective Date: _____ <input type="checkbox"/> Existing facility application – Registration Number: RDSP- _____ <p>A change of ownership or location requires the submission of a new application and registration fee 15 days prior to the change.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership - Requires submission of legal documentation of change in ownership or control, for example, a stock purchase agreement and/or executed sale contract, etc. <input type="checkbox"/> Name Change Only - Requires submission of legal documentation of name change <p style="text-align: center;">Effective Date of Change: _____</p> <input type="checkbox"/> Registration Reinstatement (Registration has been lapsed for a period of one year or more)

Please PRINT or TYPE

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

Pharmacy Name or DBA: _____

Legal Owner: _____

Federal Tax ID # or Owner SSN: _____ NABP EProfile #: _____

Physical Location Address (Oregon Only): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

Oregon Secretary of State Active Business Registry Number: _____

The business registry is found at: <https://sos.oregon.gov/business/Pages/find.aspx>

RDSP Affiliated Pharmacy Oregon registration number: RP-_____

RDSP Affiliated Pharmacy Name: _____

RDSP Affiliated Pharmacy Legal Owner: _____

RDSP Affiliated Pharmacy Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

RDSP Affiliated Pharmacy Oregon licensed Pharmacist-In-Charge: _____

Licensing Contact Person: _____ Title: _____ Contact Phone: _____

Licensing Contact Person E-mail Address: _____

Facility Website: _____

Check all that apply to this location:

<input type="checkbox"/> Community Chain	<input type="checkbox"/> Community Independent
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Products Dispensed or Sold / Other Services

<input type="checkbox"/> Non-sterile Compounding	<input type="checkbox"/> Customized Medication Packages
<input type="checkbox"/> Nonprescription Drugs	<input type="checkbox"/> Drug Takeback Collection Program (DEA registration required)

Please answer all of the following:

1. Has disciplinary action been taken, or is any such action currently pending or proposed against any of the persons or establishments 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. Copies of all documents pertaining to discipline must be provided. This includes Notice of Disciplinary Actions, Board Orders, and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there any current investigation against any health-related profession license, certificate or registration of any of the persons or establishments listed on this application in any state, US jurisdiction, foreign authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the RDSP and the RDSP Affiliated Pharmacy in compliance with all requirements of OAR 855-139 ? This includes but is not limited to registration, personnel, security, drug procurement, drug storage, drug loss, sanitation, minimum equipment, technology, supervision, pharmacist utilization, non-prescription drugs, controlled substances, non-sterile compounding, prescriptions, dispensing, labeling, drugs and devices, policies and procedures, records, prohibited practices, and services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this facility a small business? A small business is defined as a corporation, partnership, sole proprietorship, or legal entity, which is independently owned and operated from all other businesses, and which has 50 or fewer employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. This Remote Dispensing Site Pharmacy will receive, possess, store, deliver, distribute, or dispense controlled substances. If "yes", pages 5 & 6 of this application must be fully completed. <i>Oregon Schedules of Controlled Substances can be found in Oregon Administrative Rule – Chapter 855, Division 080 and may be different from the Federal schedules. You must comply with the most stringent.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all Oregon Licensed Pharmacists providing pharmacy services through the telepharmacy system at the RDSP per [OAR 855-139-0050](#):

Name:	Oregon License Number:
	RPH-
	RPH-
	RPH-
	RPH-
	RPH-
	RPH-
	RPH-
	RPH-
	RPH-
Attach additional sheet if necessary – All pharmacists supervising a RDSP must be licensed in Oregon and have completed a training program on the proper use of the telepharmacy system.	

OAR 855-139-0050(1) The Oregon licensed Pharmacist-in-charge of the RDSP Affiliated Pharmacy is responsible for all operations at the Remote Dispensing Site Pharmacy including responsibility for the telepharmacy system and enforcing policies and procedures.

Pharmacist-In-Charge Information

I understand that I must complete an inspection utilizing the PIC Self-Inspection form, found on the Board’s website, within 15 days of becoming PIC. I acknowledge 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)

RPH-_____
Oregon Pharmacist License No.

Signature of Pharmacist-in-Charge

Date

Email Address

Ownership Information

Type of Ownership:

- Publicly Held Corporation Corporation Limited Liability Company Sole Proprietorship
- Partnership – Including Limited Liability Partnership and Limited Partnership Charitable Organization
- Government / Educational Institution

Owner Name _____

Parent Company Name (If owned by another entity) _____

Registered Agent – Name and Address (REQUIRED): _____

Complete the information below for all owners. You must include at least one of the following: CEO, President, Owner, or Members of LLC. If a corporation, include the names of the corporate officers and the names of the stockholders who own the five largest interests.

- 1.** Name _____
 Title _____
 SSN/Federal Tax ID _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Email Address _____
- 2.** Name _____
 Title _____
 SSN/Federal Tax ID _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Email Address _____
- 3.** Name _____
 Title _____
 SSN/Federal Tax ID _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Email Address _____

**CONTROLLED SUBSTANCE APPLICATION
APPLICATION FOR REGISTRATION UNDER
OREGON CONTROLLED SUBSTANCE ACT**

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY [0310] \$100.00

RECEIPT # _____
CHECK # _____
ENTERED BY _____
PERSON ID # _____
APPLICANT ID # _____

CONTROLLED SUBSTANCE APPLICATION FEE \$100.00 ALL FEES ARE NONREFUNDABLE

Type of Application – Check all that apply:

- Not Applicable. A Controlled Substance registration is not required for this location.
- This is a new registration.
- This is a change in owner or location. Registration #: RDSP-_____

Please PRINT or TYPE

WARNING: ORS 475.135 (1)(e) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA): _____

Full Legal Name: _____

Federal Tax ID # or Owner SSN: _____

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

Licensing Contact Person: _____ Title: _____ Contact Phone: _____

Licensing Contact Person E-mail Address: _____

DRUG SCHEDULES (Check appropriate box(es):

Schedule I Schedule II Schedule II N Schedule III Schedule III N Schedule IV Schedule V

Attach a list of stocked Schedule I Drugs: Narcotic Non-narcotic

APPLICANTS FOR A CONTROLLED SUBSTANCE REGISTRATION MUST ANSWER THE FOLLOWING:

<p>1. Is the applicant currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which applying under the laws of the Federal Government?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Have the any of the persons or establishments listed on this application been convicted of a felony in connection with controlled substances under state or federal law, or been excluded or directed to be excluded from participation in a Medicare or State health care program, or is any such action pending?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. If the applicant is a corporation, association or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have the any of the persons or establishments listed on this application ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied, or is any such action pending?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. If the applicant is a corporation, association or partnership, has any officer, partner, or stockholder surrendered a federal controlled substance registration or had a federal controlled substance registration revoked, suspended or denied, or is any such action pending?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</p>	
<p>REMOTE DISPENSING SITE PHARMACY CURRENT FEDERAL REGISTRATION NUMBER <i>Enter the DEA registration number for this RDSP location below. Include a copy of the registration with this application.</i></p> <p>_____</p> <p>RDSP AFFILIATED PHARMACY CURRENT FEDERAL REGISTRATION NUMBER <i>Enter the DEA registration number for the RDSP Affiliated Pharmacy below. Include a copy of the registration with this application.</i></p> <p>_____</p>	

 Print or Type Name of Authorized Individual

 Signature of Authorized Individual

 Date



Facility Attestation Form

Part 1 – Responsible Party Information - To be completed by an authorized individual of the applicant. This must be an individual who may legally sign on behalf of the business and is responsible for compliance with Oregon Laws and Rules.

If the RDSP is under separate ownership, this form is required for **both** the RDSP and the RDSP Affiliated Pharmacy.

First Name: _____ Last Name: _____

Title: _____

Contact email: _____

Facility Name: _____

Facility Address: _____

Facility City, State, Zip: _____

Part 2 – Attestation - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute [689.405\(1\)](#) The furnishing of false information is grounds to deny registration.

I swear or affirm that all information, statements, answers, and representations made in this application and the documents attached are true and correct, that the individuals at this facility are familiar with the laws and rules of the Oregon Board of Pharmacy as well as applicable federal laws, and that the business will be operated in compliance with all applicable laws and regulations.

I certify that if disclosed disciplinary action has been taken or is currently pending or proposed, the required documentation is attached to this application. I understand that failure to provide the required documentation may be grounds for denial of my application or disciplinary action against this facility.

Signature: _____ Date: _____

Printed Name: _____

FINAL CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$225 application or owner/location change fee <input type="checkbox"/> \$100 Controlled Substance application or owner/location change fee (if applicable) <input type="checkbox"/> \$25 per set of Laws & Rules requested Total Fee Enclosed: _____
2.	Required Documentation*– an application is incomplete if all requested documentation is not provided *Priority processing will be given to complete applications - All applications submitted to the Board that are not complete and processed within 6 months from applicant signature will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.
A.	<input type="checkbox"/> Copy of RDSP Affiliated Pharmacy resident state license/registration AND license/registration verification from resident state (required only for applicants located outside of Oregon). Online license/registration verifications accepted. Business name and owners listed on this application must match home state verification.
B.	<input type="checkbox"/> If applicable, documentation including but not limited to fully executed Board Orders, disciplinary actions, exclusions, proposed disciplinary actions and/or pending investigations must be provided along with a detailed explanation.
C.	<input type="checkbox"/> Controlled substance application & copy of active DEA registrations, if applicable
D.	<input type="checkbox"/> Legible 8.5"x11" floor plan of facility, drawn to scale (can be hand drawn) Floor plan must include the following: <ul style="list-style-type: none"> ○ Sink(s) ○ Refrigerators ○ Windows - Must note secured or unsecured ○ Doors - Must note secured or unsecured ○ Alarm Panel ○ Security Cameras
E.	<input type="checkbox"/> All signatures – including completed facility attestation form

The undersigned hereby states that all the information contained in this application for registration is complete, true and correct, that they have read and are familiar with the applicable laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

Signature

Title (Owner, Partner, Etc.)

Date

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



LICENSE VERIFICATION REQUEST FORM

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

Out-of-State Drug Outlets Only

RDSP Affiliated Pharmacy Resident State License/Registration Verification Form (Applications for drug outlets located outside of Oregon will not be processed without a license verification).

To prevent delays in processing, submit a completed verification form or letter from the resident state licensing agency for the location listed on page one of the application. License verifications must be original. If the license or registration can be verified online, a recent printout from the online system may be submitted with the copy of the license or registration for the RDSP Affiliated Pharmacy Retail Drug Outlet.

To be completed by Applicant or RDSP Affiliated Pharmacy. Applicant is responsible for sending this document to the resident State licensing agency for verification and state seal. A copy of resident state license or registration must be included with application.

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

To be completed by Resident State licensing/regulatory board or agency and returned to the applicant:

This outlet is listed as an "RDSP Affiliated Pharmacy" Retail Drug Outlet for a Remote Dispensing Site Pharmacy (RDSP) drug outlet applying for registration with the Oregon Board of Pharmacy. This registration is required of any non-resident pharmacy providing pharmacy services through a telepharmacy system.

Written verification that this pharmacy has a current license or registration and is in good standing with the resident state is required as part of the application process. Please complete the section below and return it to the applicant.

- The drug 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

State Agency

Authorized Signature

Date