Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
971-673-0001
Pharmacy.Licensing@oregon.gov

How to register for a personal account and apply for a new license

First time users from Home page–please select "Register a New Personal Account" from the Menu:

Enter your birth date and social security number to do a search for your records.   You must complete a search, even if you have never been licensed with the Oregon Board of Pharmacy.

As a new user, your information will not be found and you will be taken to the following page to create a new account and apply for a new license. Please complete all sections of the registration page.   If you already have an Oregon Board of Pharmacy license, your record will be found and you can register for an account. **Note: User ID and passwords are case sensitive. Be sure to save your User ID and Password. This will allow you to maintain and renew your license.**

Once your registration is complete, you can log into your account and apply for a license with the Oregon Board of Pharmacy.

OREGON BOARD OF PHARMACY

Contact Us

LOGIN PAGE

Initial Registration

If you do not currently hold a license with the Oregon Board of Pharmacy **and** have not already submitted a paper application, the form below will allow you to register your personal information with the Board and create a user name and password. Complete the form below and press the **Register** button to create your record. Once logged into the e-Government application, you will be able to submit an electronic license application.

If you currently hold a license with the Oregon Board of Pharmacy, or have already submitted a paper application, click here to search again. DO NOT complete the form below to register as this will not allow you to access your license record. If your record cannot be found, please contact pharmacy.licensing@oregon.gov.

Home Address must be actual address of residence. Home Address cannot be a PO Box.

Personal Details

First Name: [ ]
Middle Name: [ ]
Last Name: [ ]
Name Suffix: [ex: Sr. | Jr. | III]
Gender: [<select> ▼]
Birth Date: [MM/DD/YYYY]
SSN: [ ]

Personal Address

Country: [United States ▼]
Line 1: [ex: 123 Fourth St.]
Line 2: [ex: Apt. 100]
City: [ ]
State: [OR ▼]
County: [ ]
ZipCode: [ex: 02705 or 027051234] [Get City from Zip]
Phone: [ex: 3015551212]
Employer Phone: [ex: 3015551212]
Email: [ex: username@domain.com]
(for Board use only)

User Credentials

UserID and Password are case sensitive.

User ID: [ex: jsmith]
Password: [ ]
At least 8 characters
At least one lowercase letter
At least one uppercase letter
At least one number
At least one symbol/special character
No spaces
Confirm Password: [ ]
Password Question: [ex: Favorite color?]
Password Answer: [ex: Blue]
Password Question 2: [ex: First pet?]
Password Answer 2: [ex: Spot]

Register

Note: You must select "Board of Pharmacy" as a profession to continue.

Apply for a License

Select the profession, license type and obtained by method for the license you are applying for below.

If you are a **spouse or domestic partner of a member of the Armed Forces of the United States and wish to obtain a temporary authorization**, you are not eligible to apply online. Please contact our office at pharmacy.licensing@oregon.gov for more information.

License Type Selection

Profession:	Board of Pharmacy ▼
License Type:	--Select Profession-- ▼
Obtained By Method:	Board of Pharmacy

Start Application

Pharmacist (RPH), Pharmacy Technicians (PT) and Certified Oregon Pharmacy Technician (CPT) applicants - unless you are a spouse or domestic partner of a member of the Armed Forces and wish to obtain a temporary authorization, please leave this box at "Select Secondary Type (optional)"

License Type Selection

Profession:	Board of Pharmacy ▼
License Type:	Certified Oregon Pharmacy Technician ▼
Secondary Type:	--Select Secondary Type (optional)-- ▼
Obtained By Method:	--Select Secondary Type (optional)--
	Temp Auth - US Armed Forces Spouse
	Temp Auth - US Armed Forces Dom Partner **Application**

Select your "Obtained by Method"

License Type Selection

Profession:	Board of Pharmacy ▼
License Type:	Intern ▼
Obtained By Method:	--Select Obtained By-- ▼
	--Select Obtained By--
	Application **Start Application**

Pharmacists – Once you have passed all applicable exams, please select your "Obtained By Method".*
- NAPLEX – Oregon selected as home state
- Score Transfer – NAPLEX score for state other than Oregon
- Reciprocity – Existing pharmacist license transfer from another state

All other license types, select "Application".   Click "Start Application" to begin the application process.   You can log back into your account at any time to upload required documents, complete the process or check on the status of your application.   Once your application is submitted, if applicable, the National Fingerprint Background Check Instructions will be uploaded into your account and available for download.   Please allow up to 3 business days for the instructions to be available.