APPLICATION FOR REGISTRATION
HOME DIALYSIS DRUG OUTLET
IN AND OUT OF STATE
(Expires March 31 Annually)

APPLICATION REQUIREMENTS:

☐ **$315.00 application or owner/location change fee.** All fees are nonrefundable.

☐ **Copy of 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 resident state verification**.**

☐ **Copy of most recent inspection report** (required only for applicants located outside of Oregon). If this facility performs sterile compounding, the sterile compounding inspection report is also required.

☐ **If you answer "YES" to any disciplinary action questions,** including pending disciplinary actions, all notices, citations, etc. and fully executed Board orders must be provided along with a detailed explanation.

☐ **Legible 8.5" x 11" floor plan** which identifies the location of sinks, refrigerators, windows and doors. Windows and doors must be marked as secured or unsecured.

***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:	**Questions? Contact us:**
Oregon Board of Pharmacy 800 NE Oregon Street, Suite 150 Portland OR 97232	Telephone: (971) 673-0001 www.oregon.gov/pharmacy pharmacy.licensing@bop.oregon.gov

Please read the following instructions for applicants for registration as a Home Dialysis Drug Outlet.

1. Oregon Administrative Rule Chapter 855, Division 041 lists those persons who are required to register as a home dialysis drug outlet.

2. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until your registration is issued.

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 identify the location of sinks, refrigerators, windows and doors. Additionally, **you must note** whether windows/doors are secured or unsecured.

4. Each company or location address, even if under common ownership, must submit a separate application for registration.

5. You must pay a registration fee for each application for **a New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **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.

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

6. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) **Applications for 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, including 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.

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

Please be aware that your registration will be issued upon approval once all required paperwork and fee(s) are processed. Your registration 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 mid-January.

APPLICATION FOR REGISTRATION

HOME DIALYSIS DRUG OUTLET

In and Out of State
(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] $315.00 [0326] $ 25.00

RECEIPT # _____

CHECK # _____

ENTERED BY _____

PERSON ID # _____

APPLICANT ID # _____

Please check all that apply:

☐ **Home Dialysis Drug Outlet** **Fee: $315.00**

☐ **Laws & Rules per set, please indicate quantity_____** **Fee: $ 25.00**

ALL FEES ARE NON REFUNDABLE

Type of Application – Check all that apply:

☐ **New Facility Application - Start / Effective Date:** _____

☐ **Retail Drug Outlet** ☐ **Institutional Drug Outlet**

☐ **Change of Ownership or Location – Effective Date of Change:**

A change of ownership or location **requires** the submission of a new application and registration fee **within 15 days**.

Registration Number: _____

☐ **Legal documentation of the change in ownership or control, for example, a stock purchase agreement and/or and executed contract for sale, etc.**

☐ **Registration Reinstatement (Registration has been lapsed for a period of one year or more)**

Registration Number: _____

☐ **Name Change Only**

Registration Number: _____

Please PRINT or TYPE

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

Trade or Business Name (DBA): _____

Full Legal Name: _____

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

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX # _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

Licensing Contact Person:_____ Title_____ Contact Phone_____

Licensing Contact Person E-mail Address: _____

Facility Website:_____

Check all that apply to this location:

*Starred items require additional paperwork

☐ Community Chain	☐ Mail Order	☐ Health System Inpatient
☐ Community Independent	☐ LTCF Ambulatory	☐ Health System Outpatient
☐ Consulting*	☐ LTCF Residential	☐ Sterile Compounding
☐ Remote Processing*	☐ Nuclear Pharmacy	☐ Non-Sterile Compounding
☐ Central Fill*	☐ Hospital	☐ Other

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. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents.	☐Yes ☐ No
2. Does the pharmacy comply with all elements of OAR-855-041-1035?	☐Yes ☐No
3. Does this pharmacy dispense prescription medication via the website/internet? If "Yes", is the pharmacy VIPPS certified?	☐Yes ☐No ☐Yes ☐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?	☐Yes ☐No

OPERATION OF PHARMACIES

Resident Pharmacies - per OAR 855-041-1010, each pharmacy must have one pharmacist-in-charge employed on a regular basis at that location who shall be responsible for the daily operation of the pharmacy. The pharmacist-in-charge shall be indicated on the application for a new or relocated pharmacy and for pharmacy renewal registration.

Non-resident Pharmacies - per OAR 855-041-1060(5), every non-resident pharmacy will have a pharmacist-in-charge (PIC) who is licensed in Oregon **within four months of initial licensure** of the pharmacy.

Per OAR 855041-1060(4)(b), an Oregon licensed PIC must be normally present in the pharmacy for a minimum of 20 hours per week.

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 acknowledges 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)	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) _____

Complete the information below for all owners. You must include at least one of the following: CEO, President, Owner, or Members of LLC and Registered Agent. 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 _____

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FINAL CHECKLIST:	
1.	Appropriate Fee Included?
☐ $315.00 application or owner/location change fee ☐ $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.	☐ Copy of 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.	☐ If you answer "YES" to question 1, disciplinary actions, pending disciplinary actions and fully executed Board Orders must be provided along with a detailed explanation**.**
C.	☐ Legible 8.5"x11" Floor Plan of facility, drawn to scale (can be hand drawn). Floor plans must identify the location of sinks, refrigerators, windows and doors. You must note whether windows/doors are secured or unsecured.
D.	☐ Copy of most recent inspection report (required only for applicants located outside of Oregon). If this facility performs sterile compounding, the sterile compounding inspection report is also required.
E.	☐ All signatures

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 Establishments Only

Resident State License/Registration Verification Form (required for all facilities located outside the State of Oregon). Applications for out-of-state facilities 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, including 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. If your home state does not issue you any type of professional or business license, attach an original letter from the state agency that licenses drug outlets stating that you do not need a license.

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 also attach a photocopy of your registration or license.

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:

The outlet listed above has applied for a home dialysis 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 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*)