



**APPLICATION FOR REGISTRATION
RETAIL DRUG OUTLET
PHARMACY PRESCRIPTION LOCKER**
(Expires March 31 Annually)

APPLICATION REQUIREMENTS:

- \$120.00 application or owner/location change fee.** All fees are nonrefundable.
- Floor plan with location, and security of Pharmacy Prescription Locker (PPL) – Include a legible 8.5” x 11” floor plan** drawn to scale which **CLEARLY** provides the location of the following:
 - **Location of PPL at the facility**
 - **Alarm system panel**
 - **Surveillance system cameras**
- Non-resident PPL Affiliated Pharmacies must include a **copy of resident state license or registration and an original license verification from resident state licensing agency.**
- If applicable to the PPL Affiliated Pharmacy, **all 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.

***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 Pharmacy Prescription Locker (PPL).

1. Oregon Administrative Rule (OAR) Chapter 855, Division 143 lists who is required to register as a PPL.
2. The registration will be issued after required documents and fee(s) have been received, reviewed, and approved.
3. NEW OR RELOCATED PPLs 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 the PPL at the facility, alarm system panels, and surveillance system cameras.
4. Each company or location address, even if under common ownership, must submit a separate application for registration.

6. The Affiliated pharmacy must provide an **active** Secretary of State business registration that provides proof of ownership on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>.

7. A registration fee is required for each application for a **new registration, ownership or location change for a PPL or PPL Affiliated Pharmacy. 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. This must be verifiable on the active Secretary of State Business Registry.

8. A PPL 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 PPL 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.

9. Oregon Revised Statutes and Administrative Rules are accessible on our website at: <https://www.oregon.gov/pharmacy/Pages/Laws-Rules.aspx>.

All sections of the application are required to be completed.

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

APPLICATION FOR REGISTRATION

PHARMACY PRESCRIPTION LOCKER
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] \$120.00 [0326] \$25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____

Please check all that apply:

- Pharmacy Prescription Locker
- Laws & Rules per set, please indicate quantity _____

Fee: \$120.00

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: PPL- _____ <p>A change of ownership or location requires the submission of a new application and registration fee a minimum of 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)
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Please PRINT or TYPE

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

Pharmacy Prescription Locker Name or DBA: _____

Legal Owner: _____

Federal Tax ID # or Owner SSN: _____

Pharmacy Prescription Locker - Physical Location Address (Oregon Only):

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Is facility listed above a registrant of the Board? Yes No If "Yes", list registration #: _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

PPL Affiliated Pharmacy Oregon registration number: _____

PPL Affiliated Pharmacy Name: _____

PPL Affiliated Pharmacy Legal Owner: _____

PPL Affiliated Pharmacy Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ NABP eProfile #: _____

Affiliated Pharmacy /PPL Oregon licensed Pharmacist-in-Charge: _____

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

Licensing Contact Person E-mail Address: _____

Facility Website: _____

Please answer all of the following:

<p>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, federal district, US territory or Federal Authority in connection with a violation of any federal or state drug law or regulation?</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Is the PPL and the PPL Affiliated Pharmacy in compliance with all requirements of OAR 855-143?</p> <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Name:	Oregon License Number:
	RPH-
	RPH-
	RPH-
	RPH-

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

Affiliated Pharmacy 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

PIC Work 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) _____

Affiliated Pharmacy Oregon Secretary of State Corporation Division Registry Number: _____

See <https://sos.oregon.gov/business/Pages/find.aspx> to locate this information.

Registered Agent – Name and Address: _____

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 _____



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 Pharmacy Prescription Locker is under separate ownership, this form is required for **both** the PPL and the PPL 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.	\$120 application or owner/location change fee
2.	<p>Required Documentation*– an application is incomplete if all requested documentation is not provided</p> <p>*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.</p>
A.	<p><input type="checkbox"/> Copy of PPL Affiliated Pharmacy resident state license/registration AND license/registration verification from resident state (required only for applicants located outside of Oregon).</p> <p>Online license/registration verifications accepted. Business name and owners listed on this application must match home state verification.</p>
B.	<p><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.</p>
D.	<p><input type="checkbox"/> Legible 8.5"x11" floor plan of facility, drawn to scale (can be hand drawn)</p> <p>Floor plan must include the following:</p> <ul style="list-style-type: none"> ○ Location of PPL at the facility ○ Alarm system panel ○ Surveillance system security cameras
E.	<p><input type="checkbox"/> All sections completed including:</p> <ul style="list-style-type: none"> ○ completed facility attestation form ○ registered agent ○ signatures ○ Oregon Business Registry number

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

PPL 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 PPL Affiliated Pharmacy Retail Drug Outlet.

To be completed by Applicant or PPL 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 "PPL Affiliated Pharmacy" Retail Drug Outlet for a Prescription Pharmacy Locker (PPL) 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 locker 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

(State Seal Required)