



APPLICATION FOR REGISTRATION  
**RETAIL OR INSTITUTIONAL  
CENTRAL FILL DRUG OUTLET**  
AND / OR  
**REMOTE PROCESSING DRUG OUTLET**  
IN AND OUT OF STATE

(Expires March 31 Annually)  
OREGON BOARD OF PHARMACY  
800 NE OREGON STREET, SUITE 150  
PORTLAND OR 97232  
TELEPHONE: (971) 673-0001  
[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

SUMMARY OF APPLICATIONS AS APPLICABLE TO OUTLET FUNCTIONS:

**RETAIL OR INSTITUTIONAL CENTRAL FILL DRUG OUTLET**

**CONTROLLED SUBSTANCE** (*Only Applicable to Central Fill*)

**RETAIL OR INSTITUTIONAL REMOTE PROCESSING DRUG OUTLET**

**\*COPY OF LAWS & RULES** (*Not Required if Accessible Electronically*)

**ALL FEES ARE NON REFUNDABLE**

Please be advised of the following information for registration of a Retail or Institutional Central Fill Drug Outlet or Remote Processing Drug Outlet:

1. If applying for a Retail or Institutional **Central Fill Drug Outlet Registration** an applicant must include their proposed policies and procedures for the items included on the **Checklist of Necessary Elements for the Registration of a Retail or Institutional Central Fill Drug Outlet**.
2. If applying for a Retail or Institutional **Remote Processing Drug Outlet Registration** an applicant must include their proposed policies and procedures for the items included on the **Checklist of Necessary Elements for the Registration of a Retail or Institutional Remote Processing Drug Outlet**.
3. An applicant can apply for **both** a Retail or Institutional Central Fill Drug Outlet Registration and a Retail or Institutional Remote Processing Drug Outlet Registration by completing the enclosed application and submitting the **Checklist of Necessary Elements for the Registration of a Retail or Institutional Central Fill Drug Outlet** and the **Checklist of Necessary Elements for the Registration of a Retail or Institutional Remote Processing Drug Outlet**.
4. An applicant may apply for **both** a Retail and an Institutional Central Fill Drug Outlet Registration or a Retail and an Institutional Remote Processing Drug Outlet Registration. In both instances the retail fee of \$175.00 and institutional fee of \$175.00 for a total of \$350.00 would be required. Additionally, two registrations will be issued.
5. Written approval from the Board of Pharmacy is required prior to commencing operations as either a Retail or Institutional Central Fill Drug Outlet or Retail or Institutional Remote Processing Drug Outlet.
6. Policies and procedures may not be changed without written Board approval.
7. Deviation from approved policies and procedures is unprofessional conduct and may constitute grounds for discipline.
8. Registration fee(s) are required for a **NEW OUTLET, OWNERSHIP CHANGE** or **LOCATION CHANGE**. Payments may only be made by check or money order. No fee is required for a **NAME CHANGE ONLY**.

9. **NEW OR RELOCATED PHARMACIES** must submit a floor plan, drawn to scale (can be hand drawn). The location of windows and doors within the pharmacy must be identified. Identify whether windows/doors are secure or unsecured.
10. **OREGON CONTROLLED SUBSTANCE ACT APPLICATION.** Please be advised that the Controlled Substance Registration is not an independent registration. It must be issued in conjunction with a Retail or Institutional Central Fill Drug Outlet Registration. If your facility does not handle controlled substances, please check the box "Not Applicable" and return it with the Retail or Institutional Central Fill Drug Outlet Application. The Controlled Substance Registration does not apply to the Retail or Institutional Remote Processing Drug Outlet Registration. The controlled substance fee is **not** required if the application does not apply and is marked "Not Applicable."
11. **VERIFICATION FORM OF LICENSE/REGISTRATION IN RESIDENT STATE** (required for pharmacies located outside of Oregon.) Applications for registration of 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, this includes the use of whiteout. Photocopies of registrations will not be accepted.
12. **OREGON REVISED STATUTES and ADMINISTRATIVE RULES** are available for review on our web site at: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us). If electronic copies of laws and rules are accessible to all staff members, a hard copy is not required.

Please be aware that your application will be scheduled for review once all required paperwork and fee(s) are received. Your registration is to be in your possession PRIOR to doing business in Oregon. Retail and Institutional Central Fill Drug Outlet and Remote Dispensing 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 in advance mid-January.

## Checklist of Necessary Elements for the Registration of a Retail or Institutional Central Fill Drug Outlet:

**Please note the following:** Policies and procedures may not be changed without written Board approval. Upon Board approval, registrant agrees to be held to policies and procedures and understands that any deviation is unprofessional conduct and grounds for discipline.

**1. Patient Safety:**

- a. Submit a description of how using a central fill model will improve patient safety.
- b. Submit a description of how using central fill will redirect a pharmacist at the primary pharmacy from a distributive task to a cognitive task.

**2. Policies and Procedures:** Please submit policies and procedures for the following:

- a. The responsibilities of the central fill pharmacy and the primary pharmacy.
- b. Protection of confidentiality and ensuring integrity of patient information.
- c. Compliance with all applicable federal and state laws and rules.
- d. Cancellation of a filled prescription after the prescription is filled by the primary pharmacy.
- e. Records sufficient to identify by name, initials or unique identification code, the identify and specific activities of each pharmacist or technician who performed any centralized filling function, and the pharmacy where each activity was performed.
- f. The mechanism for tracking the prescription drug order during each step in the filling and dispensing process.
- g. Pharmacist completion of a Drug Utilization Review (DUR) on each prescription.
- h. Documentation of any errors or irregularities identified by the quality improvement program.

**ADDITIONAL INFORMATION MAY BE REQUESTED**

## **Checklist of Necessary Elements for the Registration of a Retail or Institutional Remote Processing Drug Outlet:**

**Please note the following:** Policies and procedures may not be changed without written Board approval. Upon Board approval, registrant agrees to be held to policies and procedures and understands that any deviation is unprofessional conduct and grounds for discipline.

**1. Patient Safety:**

- a. Provide a description of how using remote processing will be utilized to improve patient safety.

**2. Policies and Procedures:** Please submit policies and procedures for the following:

- a. The responsibilities of the remote processing pharmacy and the primary pharmacy.
- b. Protecting confidentiality and ensuring integrity of patient information.
- c. Compliance with all applicable federal and state laws and rules.
- d. Cancellation of a filled prescription if the same prescription is filled by the primary pharmacy.
- e. Records sufficient to identify by name, initials or unique identification code, the identify and specific activities of each pharmacist or technician who performed any processing function, and the location where each activity was performed.
- f. Documentation of any errors or irregularities identified by the quality improvement program.

**ADDITIONAL INFORMATION MAY BE REQUESTED**

APPLICATION FOR REGISTRATION

RETAIL OR INSTITUTIONAL  
CENTRAL FILL DRUG OUTLET  
REMOTE PROCESSING DRUG OUTLET  
IN AND OUT OF STATE

(Expires March 31 Annually)

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[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)



FOR BOARD USE ONLY	[0305] 175.00 [0341] 175.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

**FEES ENCLOSED: \$ \_\_\_\_\_**  
**ALL FEES ARE NON REFUNDABLE**

**CHECK ONE OR BOTH**

CENTRAL FILL DRUG OUTLET     REMOTE PROCESSING DRUG OUTLET

**CHECK ONE OR BOTH** (If both, two fees are required)

RETAIL **\$175.00**     INSTITUTIONAL **\$175.00**

- New Outlet                      Start Date \_\_\_\_\_
- Owner Change                      Date Effective \_\_\_\_\_ Former License Number \_\_\_\_\_
- Location Change                      Date Effective \_\_\_\_\_ Former License Number \_\_\_\_\_
- Name Change Only                      Date Effective \_\_\_\_\_ Former License Number \_\_\_\_\_

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

Please PRINT or TYPE **WARNING:** ORS 475.135(1) (e) and ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Pharmacy Name \_\_\_\_\_

Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

License & Renewal Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check all that apply to this location

- Community Chain                       LTCF Ambulatory     Health System Ambulatory     Non-Sterile Compounding
- Community Independent                       LTCF Consulting     Health System Residential     Sterile Compounding
- LTCF Residential                       Nuclear                       Mail Order                       Non-Sterile to Sterile Compounding
- Other

Hours/days pharmacy is open: \_\_\_\_\_ AM to \_\_\_\_\_ PM \_\_\_\_\_ Through \_\_\_\_\_

**PLEASE CHECK ONE:**

- I wish to have my registration application processed on the date you receive my COMPLETE APPLICATION and PAYMENT. Because the Oregon Board of Pharmacy does not prorate fees, **I realize that by having my registration become effective before the beginning of the renewal period (April 1) my license will not be valid for a full year and fees will not be prorated.**
- I wish to have my registration become effective on the following April 1st. (ONLY APPLICABLE FOR NEW OUTLETS)

**Ownership Information**

Owner Name \_\_\_\_\_

Parent Company Name (If owned by another entity) \_\_\_\_\_

Complete this form for all owners and CEO or President. This page may be duplicated as needed.

**1.**

Name and Title \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**2.**

Name and Title \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**3.**

Name and Title \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

This page may be duplicated as needed

**RETAIL OR INSTITUTIONAL  
CENTRAL FILL DRUG OUTLET  
IN AND OUT OF STATE**

*ALL PHARMACISTS' AND INTERNS' CERTIFICATES MUST BE DISPLAYED PROMINENTLY*

**ALL APPLICANTS MUST COMPLETE THIS SECTION (Check Appropriate Boxes)  
(If No, Please Explain)**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | One prescription balance consistent with the needs of the practice             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | All other equipment and stock per minimum equipment listed in OAR 855-041-1035 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are these publications on hand? (IF NO, PLEASE EXPLAIN)                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference books as per OAR 855-041-1035  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Generic Sign as per ORS 689.515 (4)  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Current Pharmacy Laws of Oregon  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Procedures for use of technicians  |

All of the undersigned hereby state that all the information contained in this application for a pharmacy license is true and correct, that they have read and are familiar with the pharmacy 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

**OPERATION OF PHARMACIES  
OAR 855-041-1010(2)**

**Personnel**

The pharmacy must ensure that it is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in conformance with the keeping and inventory requirements of federal law and board rules.

**LICENSING OF PHARMACISTS  
OAR-855-019-0210**

**Duties of a Pharmacist Receiving Prescriptions**

A pharmacist receiving a prescription is responsible for:

(a) Using professional judgment in dispensing only pursuant to a valid prescription. A pharmacist shall not dispense a prescription if the pharmacist, in their professional judgment, believes that the prescription was issued without a valid patient-practitioner relationship. In this rule, the term practitioner shall include a clinical associate of the practitioner or any other practitioner acting in the practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice and not result solely from a questionnaire or an internet-based relationship; and

(b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of rules including the legible name and contact phone number of the prescribing practitioner for verification purposes.

**OAR 855-019-0300(6)**

**Duties of a Pharmacist-in-Charge**

The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in accordance with all state and federal laws and rules.

The outlet submitting and pharmacist signing this document 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

*MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE  
**OREGON BOARD OF PHARMACY**  
ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)*

RETAIL OR INSTITUTIONAL  
CENTRAL FILL DRUG OUTLET  
IN AND OUT OF STATE

**CONTROLLED SUBSTANCE**

APPLICATION FOR REGISTRATION UNDER  
**OREGON CONTROLLED SUBSTANCE ACT**  
(Expires March 31 Annually)



OREGON BOARD OF PHARMACY  
800 NE OREGON STREET, SUITE 150  
PORTLAND OR 97232  
TELEPHONE: (971) 673-0001  
[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

FOR BOARD USE ONLY [0310] \$50.00

RECEIPT # \_\_\_\_\_

CHECK # \_\_\_\_\_

ENTERED BY \_\_\_\_\_

**FEE \$50.00**

**ALL FEES ARE NON REFUNDABLE**  
**(If Not Applicable, please check here) [ ]**

Please PRINT or TYPE

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

Business Name \_\_\_\_\_

Location Address \_\_\_\_\_

Phone Number ( ) - FAX # ( ) -

City, State, Zip \_\_\_\_\_

License & Renewal Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number ( ) - FAX # ( ) -

Federal Tax ID # or Owner SSN: \_\_\_\_\_ Does this outlet belong to a chain? [ ] Yes [ ] No

DRUG SCHEDULES (Check appropriate box(es))

[ ] Schedule I [ ] Schedule II [ ] Schedule III [ ] Schedule III [ ] Schedule IV [ ] Schedule V

Attach list of stocked Schedule I Drugs [ ] Narcotic [ ] Non-Narcotic

**ALL APPLICANTS MUST ANSWER THE FOLLOWING:**

1. Are you currently registered to manufacture, distribute or otherwise handle the controlled [ ] YES [ ] NO substances in the schedules for which you are applying under the laws of the Federal Government?

CURRENT FEDERAL REGISTRATION NUMBER \_\_\_\_\_

2. Has the applicant been convicted of a felony in connection with controlled substances under [ ] YES [ ] NO state or federal law?

3. If the applicant is a corporation, association or partnership, has any officer, partner or [ ] YES [ ] NO stockholder been convicted of a felony in connection with controlled substances under state or federal law?

4. Has the applicant ever surrendered a previous Federal Controlled Substances Registration [ ] YES [ ] NO (FCSA) or had a FCSA Registration revoked, suspended or denied?

5. If the applicant is a corporation, association or partnership, has any officer, partner, or [ ] YES [ ] NO stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?

**IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, ATTACH LETTER SETTING FORTH THE CIRCUMSTANCES.**

Print or Type Name of Applicant

Signature of Applicant or Authorized Individual

Date

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

**RETAIL OR INSTITUTIONAL  
REMOTE PROCESSING DRUG OUTLET  
IN AND OUT OF STATE**

*ALL PHARMACISTS' AND INTERNS' CERTIFICATES MUST BE DISPLAYED PROMINENTLY*

**ALL APPLICANTS MUST COMPLETE THIS SECTION (Check Appropriate Boxes)  
(If No, Please Explain)**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | All other equipment and stock per minimum equipment listed in OAR 855-041-1035 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are these publications on hand? (IF NO, PLEASE EXPLAIN)                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference books as per OAR 855-041-1035  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Generic Sign as per ORS 689.515 (4)  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Current Pharmacy Laws of Oregon  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Procedures for use of technicians  |

All of the undersigned hereby state that all the information contained in this application for a pharmacy license is true and correct, that they have read and are familiar with the pharmacy 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

**OPERATION OF PHARMACIES**

**OAR 855-041-1010(2)**

**Personnel**

The pharmacy must ensure that it is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in conformance with the keeping and inventory requirements of federal law and board rules.

**LICENSING OF PHARMACISTS**

**OAR-855-019-210**

**Duties of a Pharmacist Receiving Prescriptions**

A pharmacist receiving a prescription is responsible for:

(a) Using professional judgment in dispensing only pursuant to a valid prescription. A pharmacist shall not dispense a prescription if the pharmacist, in their professional judgment, believes that the prescription was issued without a valid patient-practitioner relationship. In this rule, the term practitioner shall include a clinical associate of the practitioner or any other practitioner acting in the practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice and not result solely from a questionnaire or an internet-based relationship; and

(b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of rules including the legible name and contact phone number of the prescribing practitioner for verification purposes.

**OAR 855-019-0300(6)**

**Duties of a Pharmacist-in-Charge**

The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in accordance with all state and federal laws and rules.

The outlet submitting and pharmacist signing this document 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

*MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE  
**OREGON BOARD OF PHARMACY***

*ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)*

**RETAIL OR INSTITUTIONAL  
CENTRAL FILL DRUG OUTLET  
AND/OR  
REMOTE PROCESSING DRUG OUTLET**

(Expires March 31 Annually)



OREGON BOARD OF PHARMACY  
800 NE OREGON STREET, SUITE 150  
PORTLAND OR 97232  
TELEPHONE: (971) 673-0001  
[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

**Out-of-State Establishments Only**

**Verification Form of License/Registration in Resident State** (required for drug outlets located outside the State of Oregon). Applications for registration of out-of-state outlets will not be processed without this verification. To prevent delays in processing submit a completed verification form or letter from your resident state with your application.

To be completed by Registration Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. Photocopies of verification or verifications that have been tampered with will not be accepted.

Resident State \_\_\_\_\_  
License Number \_\_\_\_\_  
License Type \_\_\_\_\_  
Pharmacy Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

To be completed by licensing/regulatory agency and mailed back to the applicant:

The above pharmacy has applied for a Retail or Institutional Central Fill Drug Outlet or Remote Processing 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 pharmacy 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 mail it back to the applicant.

- The pharmacy 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)

OREGON BOARD OF PHARMACY  
800 NE OREGON STREET, SUITE 150  
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TELEPHONE: (971)673-0001  
[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)



FOR BOARD USE ONLY [0324] \$25.00

RECEIPT # \_\_\_\_\_

CHECK # \_\_\_\_\_

ENTERED BY \_\_\_\_\_

## OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

### FEE \$25.00

Please Mail to:

NAME \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

Number of sets requested \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_ (\$25.00 per set)

Set(s) ordered for:

Pharmacist [ ] Intern [ ] Reciprocal [ ] Pharmacy [ ] Other [ ]

Make checks payable to:

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

### Please Note:

- Administrative Rules are updated through the Secretary of State's Office within 30 days of being filed.
- Electronic versions of pharmaceutical references listed under Oregon Administrative Rule 855-041-1035 satisfy the minimum equipment requirement for a pharmacy.
- The Oregon Board of Pharmacy Official Newsletter can be subscribed to by sending an email to [OregonBOPNewsletter@nabp.org](mailto:OregonBOPNewsletter@nabp.org) with only the word "Subscribe" in the subject heading and body of the email. Once you subscribe, you will receive a notice via e-mail when the newsletter is available.
- The Laws and Rules for the Oregon Board of Pharmacy may be found on the Boards website at <http://www.pharmacy.state.or.us>. Included are:
  - Oregon Revised Statute Chapter 689, Oregon Pharmacy Act
  - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act
  - Oregon Administrative Rules Chapter 855

*ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE  
PURSUANT TO ORS 30.701(5)*