Oregon

John A. Kitzhaber, MD, Governor

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971 / 673-0001
Fax: 971 / 673-0002
E-mail: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

Background Check Packet Request Form

If you would like to request a fingerprint background check packet, please complete all of the fields listed below:

License type you will be applying for:

☐ RPh ☐ Intern ☐ Pharmacy Technician ☐ CPhT

Full Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Mailing Address *(if different)*: _____

City, State, Zip: _____

Phone: _____

Employer: _____

Employer City, State, Zip: _____

Employer Phone: _____

Interns and Technician Students currently enrolled - must provide:

School Name: _____

Please print, complete and mail or fax this form to:

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, Oregon 97232
FAX: 971-673-0002

Print form to mail or fax

Or click the button below to submit via email.

Submit by Email

*****You must still download and complete the license application for submission. You may submit your completed fingerprint packet with your application. If you are applying for a Pharmacist license, you will receive the application once you are eligible for licensure.*