

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



FOR BOARD USE ONLY [0352] \$40.00

PERSON ID # _____
APP ID # _____
RECEIPT # _____
CHECK # _____
ENTERED BY _____
EMAILED BY _____

Remittance Form

1. Full Name _____
Date of Birth ____/____/____ Social Security # XXX - XX - _____ E-mail _____
MM / YY (last 4 digits)
Phone Numbers () _____ - _____ () _____ - _____

2. Fingerprint Background Check Fee (*if requested*) - \$40.00.
Fingerprint Background Check expires in one year. *All fees are non-refundable.* Fees are payable by check or money order only.
3. Submit this form with any payment due, photo, or documents requested. Please do NOT staple, glue, paperclip or tape items to this or any other document.