

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form.

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I certify that the attached copies are true, full and correct copies of the TEMPORARY Rule(s) adopted on 06/11/2015 by the
Board of Pharmacy 855

Agency and Division Administrative Rules Chapter Number
Karen MacLean (971) 673-0001

Rules Coordinator Telephone
800 NE Oregon St., # 150, Portland, OR 97232

Address
To become effective 07/01/2015 through 12/27/2015.

RULE CAPTION

Amends Division 043 Drug Delivery and Control rules.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

855-043-0130

SUSPEND:

Statutory Authority:

689.205, 689.605

Other Authority:

Statutes Implemented:

689.155, 689.505 & 676.350

RULE SUMMARY

Establishes a waiver clause in the Drug Delivery and Control rules.

Karen MacLean

Rules Coordinator Name

Karen.S.MacLean@state.or.us

Email Address

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STATEMENT OF NEED AND JUSTIFICATION
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accompanies this form

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Board of Pharmacy
Agency and Division

855
Administrative Rules Chapter Number

Amends Division 043 Drug Delivery and Control rules.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

Division 043 Drug Delivery and Control rules.

Statutory Authority:

689.205, 689.605

Other Authority:

Statutes Implemented:

689.155, 689.505 & 676.350

Need for the Temporary Rule(s):

Amends rules to establish a wavier clause that will allow requests for exemption of certain requirements if the waived requirements will further public health and safety.

Documents Relied Upon, and where they are available:

None.

Justification of Temporary Rule(s):

This temporary rule is needed to approve a waiver request that was submitted to the Board.

Karen MacLean

Karen.S.MacLean@state.or.us

Printed Name

Email Address