

OKLAHOMA STATE BOARD OF PHARMACY

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e-mail: pharmacy@oklaosf.state.ok.us

NEW DOCTOR OF PHARMACY (D.Ph.) CERTIFICATE

\$20.00

(please attach check or money order made payable to:
Oklahoma State Board of Pharmacy)

DO NOT SEND CASH

I, _____ Oklahoma pharmacist certificate, # _____ :

hereby request a Doctor of Pharmacy (D.Ph.) certificate from the Oklahoma State Board of Pharmacy.

Signature

➔ Type or Print your name *exactly as it should appear on your certificate:*

NAME: _____

ADDRESS: _____

NOTE: *The Doctor of Pharmacy title becomes effective November 1, 2001. Please allow 3-4 weeks for processing and mailing of your new certificate.*

Once you receive your new certificate, please remove your original certificate. Only one certificate shall be "conspicuously displayed".

<p>For Board Use Only:</p> <p>Originally Issued: _____</p> <p>By: _____</p>
