



OKLAHOMA STATE BOARD OF PHARMACY

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Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

DUE UPON RECEIPT
fee doubles 15 days
after expiration

2008-2009 NOTICE OF RENEWAL OF PHARMACIST LICENSE

(Please PRINT clearly)

License No. _____
Name _____
Address _____
City, State, Zip _____

Fee:
\$75 Active/Inactive
\$20 Sr. Inactive
(expires last day of birth month)

Birth Month: _____

Please allow 2-3 weeks for processing and mailing of your renewal card. Verification of receipt cannot be done over the telephone. You may verify the date that your renewal is received in the Board office by enclosing a self-addressed, stamped envelope.

Section I. Renewal

✓ Check one:

- I request that my Oklahoma pharmacist license be placed on **Inactive** status. I understand that I may not practice pharmacy in Oklahoma while inactive and this status **does not waive the \$75 renewal fee**. I am NOT required to complete CE.
- I am **retired and age 65 or over**. I request **Senior Inactive** renewal for a fee of **\$20.00**. I understand that I may not practice pharmacy in Oklahoma while inactive. I am NOT required to complete CE.
- I request **Active** renewal of my license and certify that I have obtained **fifteen (15) clock hours** of continuing education credits through satisfactory completion of an accredited program **during the previous calendar year (i.e. 2007)** as stated in Section VI.

Section II. Contact Information

Home Phone: _____ Cell Phone: _____ Home e-mail: _____

Section III. Current Employment *(see pg 2 for additional employment or attach separate sheet if necessary)*

Primary Place of Employment: _____
Employer's Address _____
Date of employment (mo/yr) _____ Employer's OK Phcy Lic # _____ Full-Time Part-Time
Work Phone: _____ Work Fax: _____ Work e-mail: _____

Section IV. Practice *(practice information to be answered for your primary employment)*

- CHAIN INDEPENDENT HOSPITAL LONG TERM CARE RELIEF
- EDUCATION GOVERNMENT OTHER _____

Are you currently practicing pharmacy in Oklahoma? _____ YES _____ NO

Section V. Charges and Convictions

I HAVE HAVE NOT been the subject of a disciplinary action by any other licensure Board in this state or any other state, or been arrested, charged or convicted, or received a deferred sentence for any misdemeanor or felony offense since my last renewal or within the last 15 months.

If you HAVE, state details on a separate piece of paper and attach to this application.

Section VI. Continuing Education

- (1) List below 15 clock hours of CE obtained in the **previous calendar year (i.e. 2007)**. Do not send CE verification forms with this application; they are to be maintained by the pharmacist for a period of two years from this date.
- (2) If you attended a **live program**, the completion date is the date that you attended the program.
- (3) If you participated in a **correspondence course**, these courses are not complete until you receive a certificate of completion from the provider. The following dates are accepted:
 - Date of authorized signature
 - Date issued / earned
 - Date exam processed
- (4) If you completed a program that was **Board approved but not ACPE approved**, please **list the sponsor** in the ACPE column.

Name of Program	ACPE Number	Completion Date (mo/yr)	Live? √	# Hours
<i>(continue on separate sheet if necessary)</i>				TOTAL:

Section VII. Additional Employment

Employment #2: _____

Employer's Address _____

Date of employment (mo/yr) _____ Employer's OK Phcy Lic # _____ Full-Time Part-Time

Phone: _____ Fax: _____ work e-mail address: _____

Employment #3: _____

Employer's Address _____

Date of employment (mo/yr) _____ Employer's OK Phcy Lic # _____ Full-Time Part-Time

Phone: _____ Fax: _____ work e-mail address: _____

Section VIII. Swear and Affirm

I SUBSCRIBE TO THE RULES OF PROFESSIONAL CONDUCT.

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma, that all information I have supplied herein is true and complete to the best of my knowledge and belief.

Signature _____ **Date** _____

Effective Nov. 1, 2007, license applicants must verify their lawful presence by executing a sworn affidavit, under the penalty of perjury. Please complete either Option 1 or Option 2 and return with your application.

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma State Board of Pharmacy are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Commission's licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

**OPTION 1 - VERIFICATION OF CITIZENSHIP
[PLEASE PRINT CLEARLY]**

Affidavit of

[Applicant's Name – (First, Middle, Last)]

STATE OF OKLAHOMA)
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]

states, under penalty of perjury, as follows:

I am a United States Citizen.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____,
20____, by _____.
[Applicant's Name]

NOTARY

My Commission Expires: _____

(Seal)

**OPTION 2 - AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS
[PLEASE PRINT CLEARLY]**

Affidavit of:

Applicant's Name [First, Last, Middle]

Alien Registration Number or Form I-94 Number

Nationality

Date of Birth [mm/dd/yyyy]

U.S. Social Security Number

STATE OF OKLAHOMA)

COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]

states, under penalty of perjury, as follows:

I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____,
20____, by _____.
[Applicant's Name]

NOTARY

My Commission Expires: _____

(Seal)