



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd., Suite 112, Oklahoma City, OK 73105-3413
Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY		
RECEIPT:		AFFIDAVIT__
DATE:		

2009-2010 NOTICE OF RENEWAL OF PHARMACIST LICENSE
(Please PRINT clearly)

DUE UPON RECEIPT
fee doubles 15 days
after expiration

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

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

Birth Month: _____

Section I. Renewal

PLEASE ALLOW A MINIMUM OF 10 DAYS FROM DATE OF RECEIPT FOR PROCESSING.

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. 2008)** 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. 2008)**. 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** _____