



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd, Ste, 112, Oklahoma City, OK 73105-3488

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AFFIDAVIT FOR DUPLICATE CERTIFICATE

\$30.00

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

For Board Use Only:	
Approved ___	Disapproved ___
Board Date: _____	
Originally Issued: _____	

I, _____ swear or affirm that my Oklahoma pharmacist certificate,
_____ :

- (✓ one)
- was destroyed by _____
 - name has changed due to _____ from _____ to _____
 - Other (please explain): _____

All information I have supplied herein is true and correct to the best of my knowledge and belief and I hereby request that the Oklahoma State Board of Pharmacy issue a duplicate certificate at the earliest possible date.

STATE of _____)
 COUNTY of _____)

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires: _____ Notary Public: _____

➡ This affidavit will be submitted to the Board for approval at the next scheduled meeting. If a duplicate is approved, you will be sent a letter of registration that shall be posted in place of the original certificate, which must be returned to the Board office before the duplicate is relinquished.

NAME: _____
(print or type your name exactly as it should appear on your certificate)

ADDRESS: _____