



OKLAHOMA STATE BOARD OF PHARMACY

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e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY		
LICENSE	ISSUED	EXPIRES
RECEIPT	DATE	

GRADUATE INTERN APPLICATION

A. *NAME: [PRINT CLEARLY – exactly as it is to appear on your license]

*ADDRESS:

*CITY, STATE, ZIP:

\$50.00

Fee & attached citizenship affidavit must be received with this application - Please allow 2-3 weeks for processing and mailing of your license.

B. *SSN#: _____ Date of Birth: [mm/dd/yyyy] _____ Sex: M or F

Day Phone: _____ E-mail: _____

*[This information is mandatory pursuant to 56 O.S. § 240.21A.]

C. Requirements

1. I have met the requirements to become a pharmacy intern. I am a graduate of the following accredited college of pharmacy approved by the Board:

NAME OF COLLEGE: _____ DATE OF GRADUATION: _____

ADDRESS (include City, State and Zip): _____

2. Are you or have you ever been a registered pharmacist? ___YES ___NO. If YES, list below (attach separate page if necessary):

STATE	LICENSE #	EXPIRATION DATE

3. Describe your reason for requesting intern licensure in Oklahoma:

D. Charges and Convictions - [√ Yes or No - If YES, state details on a separate piece of paper and attach to this application]

1.	Have you been arrested, charged or convicted, or received a deferred sentence for any misdemeanor or felony offense?	Yes [] No []
2.	Do you habitually use alcohol, illegal or habit-forming drugs?	Yes [] No []
3.	Have you had any application for a license or permit refused or denied by any licensing authority?	Yes [] No []

E. Swear and Affirm (sign and date)

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.

➡ Applicant signature _____ Date _____

EXPIRES FIVE (5) YEARS AFTER DATE OF ISSUANCE

Effective Nov. 1, 2007, a new state law requires ALL LICENSE APPLICANTS to 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 _____)

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 – ALL BLANKS MUST BE COMPLETED]

Affidavit of:

Applicant's Name [First, Middle, Last]

Alien Registration Number or Form I-94 Number ★

Nationality [Country of Origin]

Date of Birth [mm/dd/yyyy]

U.S. Social Security Number

★ APPLICANT MUST ATTACH A COPY OF THE FRONT AND BACK OF THE FEDERAL DOCUMENT THAT ENTITLES THEM TO WORK IN THE USA. ALL COPIES MUST BE LEGIBLE.

STATE OF _____)

COUNTY OF _____)

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

states, under penalty of perjury, as follows:

I am NOT a United States citizen. 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)