



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd., Suite 112, Oklahoma City, OK 73105-3488

Telephone: (405) 521-3815

www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

Application For Immunization Registration

\$25.00

DPh License No. _____

Name _____

Address _____

Primary Place of Employment _____ License # _____

Employer's Address _____

I certify that I have read the rules on "Pharmacist Administration of Immunizations" (535:10-11-1 thru 6) and have completed the following approved training program for administration of immunizations:

Name of Program	Name of Provider / Sponsor	Completion Date	# Hours

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 _____

For Board Use Only:

Recpt. No. _____
Issued: _____

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)