



**OKLAHOMA STATE BOARD OF PHARMACY**

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**Application For Immunization Registration**

**\$25.00**

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DPh License No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Place of Employment \_\_\_\_\_ License # \_\_\_\_\_

Employer's Address \_\_\_\_\_

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**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

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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 \_\_\_\_\_

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**For Board Use Only:**

Recpt. No. _____
Issued: _____

## **BOARD APPROVED IMMUNIZATION PROGRAMS**

- SWOSU
- OU
- ACPE (American Council on Pharmaceutical Education)
- APHA (American Pharmacists Association)
- NCPA (National Community Pharmacy Association)
- ASHP (American Society of Health System Pharmacists)