



**OKLAHOMA STATE BOARD OF PHARMACY**

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| FOR OSBP USE ONLY |        |         |
|-------------------|--------|---------|
| LICENSE           | ISSUED | EXPIRES |
|                   |        |         |
| RECEIPT           | DATE   |         |
|                   |        |         |

**PHARMACY STUDENT 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. College Enrollment:** I have met the requirements to become a pharmacy intern. I am currently enrolled and in good standing in the following accredited college of pharmacy approved by the Board:

NAME OF COLLEGE:

ADDRESS:

CITY, STATE, ZIP:

**D. Charges and Convictions - [√ Yes or No - If YES, state details on a separate piece of paper and attach to this application and have college Dean initial column to the right]**

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

**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 \_\_\_\_\_

**F. Dean Review and Enrollment Verification (college Dean must sign and date)**

I have reviewed this application as completed by the applicant, including the **Charges and Convictions**, and I verify that this applicant is currently enrolled in the college of pharmacy named in Section C above.

➡ Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name & Title of Dean \_\_\_\_\_

**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)