



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105-3413
Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

2009-2010 NOTICE OF RENEWAL OF PHARMACY LICENSE

A. License No. _____

Please PRINT clearly – list name and/or dba and address

DUE UPON RECEIPT
fee doubles 15 days after expiration

FEES:

Pharmacy License - \$ _____ (see fee below)
Drug Supplier Permit - \$ 20.00 (in-state only)
Parenteral Permit - \$ 75.00 (in-state only)

TOTAL AMOUNT DUE \$ _____

B. Type of Pharmacy	CHARITABLE - \$75	PHARMACY HOURS:			
	HOSPITAL - \$150	# BEDS: _____			
	HOSPITAL DRUG ROOM - \$40	# BEDS: _____			
	NON-RESIDENT - \$150	★ Must Attach a Copy of Resident State Pharmacy License			
	RETAIL (√ type) - \$150	Independent	Chain	Clinic	
	Closed Door	Nuclear	Other _____		
C. CDS Inventory	ALL RESIDENT (IN-STATE) PHARMACIES MUST ATTACH A COPY OF THEIR ANNUAL CDS INVENTORY TAKEN BETWEEN MAY 1ST - JULY 1ST				

D. Contact Information:

Phone: () _____ ★ Toll Free: () _____ Fax: () _____
e-mail: _____ [★ required for non-resident]

E. 1. The following licensed pharmacist is designated as **Pharmacist-In-Charge** of the above pharmacy:

By my signature, I acknowledge that I am employed by the pharmacy named above and that I am the pharmacist-in-charge. My business practices will conform to the Rules of Professional Conduct and the pharmacy laws and rules of the State of Oklahoma.

Printed Name: _____ Cert. No. _____ Signature: _____

2. The following person is designated as **Drug Room Supervisor** of the above hospital drug room:

Printed Name & Title: _____ (DPh, RN or LPN)

F. Licensed **Pharmacists and Technicians** employed by this pharmacy (use additional sheet if necessary):

Cert. #	Pharmacists (Print Name)	Full Time/√	Part Time/√	Permit #	Technicians (Print Name)	Full Time/√	Part Time/√

G. Type of Ownership		INDIVIDUAL		LLC	ATTACH SEPARATE PAGE IF NECESSARY
		PARTNERSHIP		GOVERNMENT	
		CORPORATION			
H. Change of owner since previous renewal?	YES	NO	1. For a Change of Ownership less than 20% - you may complete & return this "Notice of Renewal" application		
			2. For a Change of Ownership 20% or greater – you must complete & return an "Application for Pharmacy License" along with corresponding ownership information form (see www.pharmacy.ok.gov)		
I. List Name & Title of Individual Owner, Partners or President & Secretary			1. _____		
			2. _____		

J. Applicant History:

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. For the purposes of the questions below, "applicant" means the person signing the application, owner of the pharmacy and the pharmacy. **All "YES" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.** The affidavit should include all relevant dates, and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1.	Is there any disciplinary action pending against the applicant by any licensing jurisdiction, the FDA, DEA, or any state drug enforcement authority?	Yes []	No []
2.	Since the last renewal or within the last 15 months, has the applicant(s), or if the applicant is a business entity, any of the business entity's owners, officers, directors, members, partners or stockholders ever been charged and/or convicted of any drug related crime or any felony? <i>(If the applicant is a business entity, you need not include members, partners or stockholders in this question unless they currently serve as managers, officers or directors of the applicant business, or own more than twenty percent (20%) of the business entity.)</i>	Yes []	No []
3.	Are there any criminal charges pending against the applicant(s), or if the applicant is a business entity, any of the business entity's owners, officers, directors, members, partners or stockholders involving the practice of pharmacy? <i>(If the applicant is a business entity, you need not include members, partners or stockholders in this question unless they currently serve as managers, officers or directors of the applicant business, or own more than twenty percent (20%) of the business entity.)</i>	Yes []	No []
4.	Since the last renewal or within the last 15 months, has any sanction or disciplinary action been taken regarding any license permit or registration issued to the applicant, officers, directors, partners or stockholders involving the practice of pharmacy? <i>(If the applicant is a business entity, you need not include members, partners or stockholders in this question unless they currently serve as managers, officers or directors of the applicant business, or own more than twenty percent (20%) of the business entity.)</i>	Yes []	No []
5.	Since the last renewal or within the last 15 months, has the applicant had any application for a license or permit refused or denied by any licensing authority?	Yes []	No []
6.	Since the last renewal or within the last 15 months, has the applicant had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted?	Yes []	No []

ATTEST: I hereby attest that the foregoing statements or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Oklahoma Pharmacy Act. I agree to comply with the Oklahoma Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer Date

Printed Name & Title of Owner / Managing Officer Date

State of _____)

County of _____)

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

Notary Public

- Please allow 2-3 weeks for processing and mailing of your license.
- A separate **SASE** marked "**MAIL ADDRESS**" must be enclosed for licenses requiring delivery to a mailing address other than the address listed in Section A.