



**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](http://www.pharmacy.ok.gov) / e-mail: [pharmacy@pharmacy.ok.gov](mailto:pharmacy@pharmacy.ok.gov)

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

**2012-2013 NOTICE OF RENEWAL OF PHARMACY LICENSE**

[If you have had a Name change, Ownership change, or Address change you must complete a new application. New applications are available at [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov).]

**Fee doubles 15 days after expiration**  
**EXPIRES: \_\_\_\_\_**

A. License No. \_\_\_\_\_

Please PRINT clearly  
List NAME and/or DBA & ADDRESS

[ check all that apply]

**FEES:**

- Pharmacy License -  \$ \_\_\_\_\_ (see fee below)
- Training Area Permit -  \$ 10.00 (in-state only)
- Drug Supplier Permit -  \$ 20.00 (in-state only)
- Parenteral Permit -  \$ 75.00 (in-state only)

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

<b>B. Type of Pharmacy</b>  Check one:  <input checked="" type="checkbox"/>	<b>\$75 – CHARITABLE: PHARMACY HOURS</b>			
	<b>\$150 – HOSPITAL: # BEDS</b>			
	<b>\$40 – HOSPITAL DRUG ROOM: # BEDS</b>			
	<b>\$150 – NON-RESIDENT: ★ Must Attach a Copy of Resident State License &amp; latest inspection report</b>			
	<b>\$150 – RETAIL</b>	Independent	Chain	Clinic
		Closed Door	Nuclear	Other
	<b>\$150 – RMOP (Remote Medication Order Processing)</b>			
<b>\$150 – NON-RESIDENT RMOP: ★ Must Attach Copy of Resident State License &amp; latest inspection report</b>				
<b>C. CDS Inventory</b>	<b>ALL RESIDENT (IN-STATE) PHARMACIES MUST ATTACH A COPY OF THEIR ANNUAL CDS INVENTORY TAKEN BETWEEN MAY 1ST - JULY 1ST</b>			

**D. Contact Information:**

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

**E. 1. The following licensed pharmacist is designated a 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 a 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/

<b>G. Type of Ownership</b>	INDIVIDUAL	LLC	<b>ATTACH SEPARATE PAGE IF NECESSARY</b>
	PARTNERSHIP	GOVERNMENT	
	CORPORATION		
<b>H. List Name &amp; Title of Individual Owner, Partners or President &amp; Secretary</b>		1.	
		2.	

**I. 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 pers on signing the application, owner of the pharmacy and the pharmacy. **All "YES" answers MUST be explained in detail in a separate addendum.** The addendum 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 24 months, has the applicant(s), or if the applicant is a business entity, any of the business entity's owner, 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 24 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 24 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 24 months, has the applicant had a registration issued to 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 a minimum of 21 days from date of receipt 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.