



OKLAHOMA STATE BOARD OF PHARMACY

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FEE
\$25.00

2006-2007-2008
TRAINING AREA CERTIFICATE APPLICATION

Pharmacy Name _____ License # _____

Address _____

General condition and operation of the pharmacy:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Stock well arranged..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Personnel properly identified and wearing tags (interns, techs and clerks) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Rx case clean, orderly and uncluttered | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Drugs and biologicals in date | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Patient or family profiles maintained for at least two years | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Computer used to detect drug interactions | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Three (3) prescription files maintained (Rx Only, C-II's, and C-III thru C-V) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Adequate work area | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I.V.'s compounded..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Patient counseling | | |
| (a) ALL prescriptions counseled? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Only NEW prescriptions counseled? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Only DHS prescriptions counseled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Restricted smoking when compounding or filling Rx..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Required library maintained | <input type="checkbox"/> | <input type="checkbox"/> |

Does the pharmacy have a policy and procedures manual? YES NO

Is this training area affiliated with a pharmacy school as a professional practice site?

(✓ check one) OU SWOSU None

List preceptors and their DPh Numbers (use reverse side or attach separate page if needed):

_____	_____
_____	_____
_____	_____

I certify that this training area applicant is not under suspension or probation by the Board. I further understand that if suspension or probation occurs while registered, the training area certificate becomes null and void.

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 _____ D.Ph. # _____ Date _____

EXPIRES DECEMBER 31, 2008