
Section V. Additional Pharmacy Employment

If you work in more than one licensed pharmacy, please list each additional place of employment below.

Each pharmacy technician must display their technician permit in a conspicuous place in each pharmacy where they are actively engaged as a pharmacy technician. A technician working in multiple locations or on an emergency relief basis may request a duplicate permit for those additional places of employment. **Each duplicate permit requested requires an additional fee of \$10 each.**

(√) Please indicate on each additional place of employment listed below if you would like to receive a duplicate permit.

			Duplicate(√)
Employment #2:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pharmacy Name	_____		Pharmacy License # _____
Pharmacy Address	_____		Phone: _____
Employment #3:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pharmacy Name	_____		Pharmacy License # _____
Pharmacy Address	_____		Phone: _____

Section VI. Charges and Convictions (√one)

I _____ **HAVE** _____ **HAVE NOT** been the subject of a disciplinary action by any other licensure Board in this state or any other state, or been arrested, charged or convicted, or received a deferred sentence for any misdemeanor or felony offense since my last renewal or within the last 15 months.

If you **HAVE**, state details on a separate piece of paper and attach to this application.

Section VII. Swear and Affirm Statement

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.

Technician Signature _____ Date _____

Section VIII. Total Fee(s) Due

Permit Renewal Fee (see page 1)	=	_____
Total duplicates requested _____ x \$10 each	=	_____
TOTAL DUE	=	<input type="text"/>

Please make check payable to:
Oklahoma State Board of Pharmacy

Please allow 2-3 weeks for processing and mailing of your permit. Verification of receipt cannot be done over the telephone. You may verify the date that your renewal application is received in the Board office by enclosing a self-addressed, stamped envelope.

Effective Nov. 1, 2007, license applicants must 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 OKLAHOMA)

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]**

Affidavit of:

Applicant's Name [First, Last, Middle]

Alien Registration Number or Form I-94 Number

Nationality

Date of Birth [mm/dd/yyyy]

U.S. Social Security Number

STATE OF OKLAHOMA)
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]

states, under penalty of perjury, as follows:

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)