



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd., Suite 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:		AFFIDAVIT__
DATE:		

2009-2010 PHARMACY TECHNICIAN PERMIT RENEWAL

(Please PRINT clearly)

Fee doubles 15 days after expiration

Permit No. _____

Name _____

Address _____

City, State, Zip _____

Fee: \$40
(expires last day of birth month)

DO NOT SEND CASH

Birth Month: _____



PLEASE ALLOW A MINIMUM OF 10 DAYS FROM DATE OF RECEIPT FOR PROCESSING.

Section I. Are you currently employed as a pharmacy technician? _____ **YES** _____ **NO**

IF YOU ANSWERED YES:

1. Complete Sections II thru VIII and return with renewal fee.

IF YOU ANSWERED NO:

1. Complete Sections VI and VII and return application to the Board. NO FEE will be required at this time.
 - a. The Board will not renew your technician permit unless you are currently employed in a licensed Oklahoma pharmacy and under the immediate and direct supervision of a licensed Oklahoma pharmacist:
 - b. Upon re-employment in a licensed Oklahoma pharmacy, you may apply for reinstatement of your technician permit.
 - c. The fee for reinstatement of a permit which has been denied renewal will remain \$40 for one (1) year from the date denied.
 - d. Any permit denied at renewal and not reinstated within one (1) year will require an \$80 fee for reinstatement.

Section II. Contact Information

Home Phone: _____ e-mail: _____

Section III. Main Place of Pharmacy Employment (Employment #1) Full-Time Part-Time

Pharmacy Name _____ Pharmacy License # _____

Address _____ Phone: _____ Fax: _____

NOTE: If you work in more than one licensed pharmacy, please complete Section V on page 2.

Section IV. Pharmacist Review (to be completed by Supervising Pharmacist from Section III)

I have reviewed the application above as completed by the technician, including Section VI. I also understand that I am responsible for assuring that this technician remains competent through continuing on-the-job training and that proof of all training must be maintained in the pharmacy and available for inspection.

Supervising Pharmacist _____ D.Ph. # _____ Date _____
(signature)

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(✓)
Yes No

Employment #2: Full-Time Part-Time

Pharmacy Name _____ Pharmacy License # _____

Pharmacy Address _____ Phone: _____

Employment #3: Full-Time Part-Time

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 =

Please make check payable to:
Oklahoma State Board of Pharmacy