



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:		
EXPIRES:		

PHARMACY TECHNICIAN PERMIT REINSTATEMENT

**FEE
\$80.00**

Permit No. _____ (Please PRINT clearly)

Name* _____

Address* _____

SSN:* _____

City, State, Zip* _____

Date of Birth: _____

*[This information is mandatory pursuant to 56 O.S. § 240.21A.]

**PLEASE ALLOW A MINIMUM OF 21 DAYS FROM DATE OF RECEIPT FOR PROCESSING.
Permit will expire annually on the last day your birth month.**

Section I. Are you currently employed in an Oklahoma licensed pharmacy? ___ YES ___ NO



IF NO, the Board will not reinstate 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.

Section II. Contact Information

Phone: _____

e-mail: _____

Section III. Pharmacy Employment

Full-Time Part-Time

Pharmacy Name _____

Pharmacy License # _____

Address _____

Phone: _____

Fax: _____

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 V. 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 PRINTED NAME: _____ D.Ph. # _____

Supervising Pharmacist SIGNATURE: _____ Date: _____

Section V. 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.

IF YOU HAVE, please complete Addendum and attach to this application.

Section VI. 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** _____

Please make check payable to:
Oklahoma State Board of Pharmacy

<p>Please allow 2-3 weeks for processing and mailing of your permit. Verification of receipt cannot be done over the telephone.</p>
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