



OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
Phone: 405-521-3815 / Fax: 405-521-3758
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e-mail: pharmacy@pharmacy.ok.gov

APPLICATION FOR DONATION OF UNUSED PRESCRIPTION DRUGS

[for Oklahoma Assisted Living Centers & Residential Care Homes]

Date: _____ (Please Print Clearly)

Name of Assisted Living Center [as licensed by the Oklahoma Health Department]: _____ License #: _____

Address of Assisted Living Center: _____

Phone Number: _____ County: _____

Name of **Consultant Pharmacist** (please print): _____ OK License #: _____

Name of **Director of Nursing** (please print): _____ License #: _____

Name and Title of **Licensed Person in Charge of Medications** (please print): _____ License #: _____

- Medication room? Yes ___ No ___
- Locked cabinet? Yes ___ No ___
- Locked cart? Yes ___ No ___
- All prescription drugs kept under control of licensed health care professional? Yes ___ No ___
- All prescription drugs kept in sanitary & temperature controlled conditions? Yes ___ No ___
- All prescription drugs kept in secure conditions (locked when not in use)? Yes ___ No ___
- All prescription drugs ordered by licensed health care professional? Yes ___ No ___

Type of Drugs Anticipated for Donation: **Unit Dose** ___ **Unused Injectables** ___ **Other** ___

If other was indicated, please explain: _____

Pharmacy(s) intended for donation: [Must be a qualifying pharmacy as defined by 367.3 of Pharmacy Statutes]

- 1. Name: _____ City: _____ OK License #: _____
- 2. Name: _____ City: _____ OK License #: _____
- 3. Name: _____ City: _____ OK License #: _____

Name and Title of **Person Completing Application** (please print):
Name _____ Title _____

Consultant Pharmacist Printed Name and Signature:
Name _____ Signature _____ License #: _____

Approval letter will be emailed to consultant pharmacist at the email address on file