



**OKLAHOMA STATE BOARD OF PHARMACY**

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

FOR OSBP USE ONLY		
LICENSE	ISSUED	EXPIRES
RECEIPT	DATE	

**PHARMACY GRADUATE INTERN APPLICATION**

<b>A.</b>	<b>NAME*</b> [PRINT CLEARLY – exactly as it is to appear on your license]
	<b>ADDRESS*</b>
	<b>CITY, STATE, ZIP*</b>

**\$100.00**

The following **MUST** be submitted with this app:  
- Fee (No Cash Accepted)  
- Copy of State or Federal ID  
- Citizenship Affidavit  
Please allow 2-3 weeks for processing and mailing of your license.

<b>SSN# *:</b>	<b>Sex (M or F):</b>
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Phone:</b>
<b>E-mail:</b>	
*[This information is mandatory pursuant to 56 O.S. § 240.21A.]	

**B. Requirements**

1. I have met the requirements to become a pharmacy intern. I am a graduate of the following accredited college of pharmacy approved by the Board:

<b>NAME OF COLLEGE OF PHARMACY:</b>	<b>DATE OF GRADUATION:</b>
<b>ADDRESS (include City, State and Zip):</b>	

2. Are you or have you ever been a registered pharmacist? \_\_\_ YES \_\_\_ NO. If **YES**, list below (attach separate page if necessary):

STATE	LICENSE #	EXPIRATION DATE

3. Describe your reason for requesting intern licensure in Oklahoma:

**C. Charges and Convictions**

If **YES**, complete an 'Addendum to Application with Charges & Convictions' and attach to this application. The addendum form that shall be used may be found at: [http://www.ok.gov/OSBP/Forms\\_for\\_Download/Interns/index.html](http://www.ok.gov/OSBP/Forms_for_Download/Interns/index.html)

1.	Have you ever been arrested, charged or convicted, or received a deferred sentence for any misdemeanor or felony offense?	___ Yes ___ No
2.	Do you habitually use alcohol, illegal or habit-forming drugs?	___ Yes ___ No
3.	Have you ever had any application for a license or permit refused or denied by any licensing authority?	___ Yes ___ No
4.	Have you ever had a registration issued by any licensing authority revoked, suspended, surrendered, limited, or restricted?	___ Yes ___ No

**D. Swear and Affirm (sign and date)**

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.

➡ **Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EXPIRES FIVE (5) YEARS AFTER DATE OF ISSUANCE**

This form must be completed entirely and notarized. Any applicable attachments must be included as indicated below.

## **CITIZENSHIP AFFIDAVIT**

Affidavit of: \_\_\_\_\_  
(Applicant Name- First, Middle, Last)

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_, of lawful age, being duly sworn, upon oath, states,  
under penalty of perjury, as follows: *(PLEASE SELECT ONE OF THE FOLLOWING)*

\_\_\_\_\_ **I am a United States Citizen**

\_\_\_\_\_ **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States. (SEE BELOW)**

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
(Applicant Name)

Notary Signature: \_\_\_\_\_ (NOTARY SEAL)

My Commission Expires: \_\_\_\_\_

### **IF QUALIFIED ALIEN STATUS INDICATED, PLEASE COMPLETE THE FOLLOWING:**

ALIEN REGISTRATION NUMBER: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

U.S. SOCIAL SECURITY NUMBER: \_\_\_\_\_

**\*APPLICATION MUST BE ACCOMPANIED BY A COPY OF FRONT AND BACK OF THE FEDERAL DOCUMENT THAT AUTHORIZES APPLICANT TO WORK IN THE UNITED STATES. STUDENTS NOT GAINFULLY EMPLOYED MUST ATTACH A COPY OF I-94 OR I-20, WHICHEVER IS APPLICABLE. ALL COPIES MUST BE LEGIBLE.**