



OKLAHOMA STATE BOARD OF PHARMACY

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

Pharmacist Application For Immunization Registration

\$25.00

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

Pharmacist (DPh) License No. _____

Name _____

Address _____

Primary Place of Employment _____ License # _____

Employer's Address _____

I certify that I have read the rules on "Pharmacist Administration of Immunizations" [535:10-11-1 thru 6] and have completed the following approved training program(s) for administration of immunizations:

Name of Program	Name of Provider / Sponsor	Completion 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.

Pharmacist Signature _____ Date _____

BOARD APPROVED IMMUNIZATION PROGRAMS

- SWOSU
- OU
- ACPE
- APHA
- NCPA
- ASHP