Information may be typed in before printing. Click the Reset button to clear the form.

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

Reset Form

FOR OSBP USE ONLY		
LICENSE	ISSUED	EXPIRES
RECEIPT	DATE	

PHARMACY STUDENT INTERN APPLICATION

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

$100.00

FEE & attached Citizenship Affidavit must be received with this application. Please allow 2-3 weeks for processing and mailing of your license.

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

B. College Enrollment:

I have met the requirements to become a pharmacy intern. I am currently enrolled and in good standing in the following accredited college of pharmacy approved by the Board:

NAME OF COLLEGE OF PHARMACY
ADDRESS
CITY, STATE, ZIP

C. Charges and Convictions

If YES, have college Dean initial column to the right, 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

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

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** _____

E. Dean Review and Enrollment Verification *(college Dean must sign and date)*

I have reviewed this application as completed by the applicant, including the ***Charges and Convictions***, and I verify that this applicant is currently enrolled in the college of pharmacy named in Section B above.

PRINTED NAME of Dean: _____ **Date** _____

SIGNATURE of Dean: _____

EXPIRES FIVE (5) YEARS AFTER DATE OF ISSUANCE

Please complete either Option 1 or Option 2 and return with your application.

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma State Board of Pharmacy are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Board's office is staffed with notaries who are available to provide notary service at no cost to applicants.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

OPTION 1 - VERIFICATION OF CITIZENSHIP

[PLEASE PRINT CLEARLY – ALL BLANKS MUST BE COMPLETED]

Affidavit of

COMPLETE OPTION 1 IF YOU ARE A US CITIZEN

_____
[Applicant's Name – (First, Middle, Last)]

STATE OF _____)

COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]

states, under penalty of perjury, as follows:

I am a United States Citizen.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20___, by _____.
[Applicant's Name]

_____
NOTARY

My Commission Expires: _____

(Seal)

OPTION 2 - AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS

[PLEASE PRINT CLEARLY – ALL BLANKS MUST BE COMPLETED]

COMPLETE OPTION 2 IF YOU ARE AN ALIEN

Affidavit of:

_____
Applicant's Name [First, Middle, Last]

_____
Alien Registration Number or Form I-94 or Form I-20 Number ★

_____
Nationality [Country of Origin]

_____
Date of Birth [mm/dd/yyyy]

_____
U.S. Social Security Number

★ APPLICANT MUST ATTACH A COPY OF THE FRONT AND BACK OF THE FEDERAL DOCUMENT THAT ENTITLES THEM TO WORK IN THE USA. STUDENTS NOT GAINFULLY EMPLOYED MUST ATTACH FRONT & BACK COPY OF YOUR CURRENT I-94 OR I-20, WHICHEVER IS APPROPRIATE. ALL COPIES MUST BE LEGIBLE.

STATE OF _____)
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath
[Applicant's Name]
states, under penalty of perjury, as follows:

I am NOT a United States citizen. I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20___, by _____.
[Applicant's Name]

_____
NOTARY

My Commission Expires: _____

(Seal)