

**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**\$50.00 FEE PER KIT
(ONLINE ONLY)**<https://pay.apps.ok.gov/OSBP/payments/>**APPLICATION FOR LTC EMERGENCY KIT PERMIT**

A separate emergency kit permit application must be submitted for each LTC facility (i.e. different health department licenses), but multiple emergency kit permits may be issued for each facility. Example: One LTC facility with 3 separate nursing stations may request 3 emergency kit permits on the same application but each kit requires a separate fee and will be issued a separate permit.

A. Responsible Pharmacy:

PHARMACY NAME	OK PHARMACY LICENSE #
STREET ADDRESS	
MAILING ADDRESS (if different)	
CITY, STATE, ZIP	PHONE:

B. Nursing Home / Assisted Living Center:

NURSING HOME / ASSISTED LIVING CENTER NAME	OK HEALTH DEPT LICENSE #
STREET ADDRESS	
CITY, STATE, ZIP	PHONE:

C. Number of Emergency Kits requested for Nursing Home / Assisted Living Center listed in Section B:

Multiple Emergency Kit permits may be issued on a single health department license. Each Emergency Kit requires a separate permit and fee.	Quantity	Unit Price	Total
		\$50.00	

D. I certify that policies, procedures and an emergency kit formulary have been written and approved by the appropriate person or committee and are available for review as required by Board regulations. _____ Initials of person certifying

E. Swear and Affirm: 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. I agree to comply with the Oklahoma Pharmacy Act and Rules.

Printed Name & OK License # of Pharmacy PIC_____
Signature of Pharmacy PIC_____
Date**FOR OSBP USE ONLY**

PERMIT	ISSUED	EXPIRES	RECEIPT #