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# OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73[illegible]
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Reset Form

**FEE: $300**
**(includes inspection and/or document review – physical inspection will occur for all in-state facilities)**

## MEDICAL GAS SUPPLIER LICENSE APPLICATION

| √ Check all that apply | | |
|---|---|---|
| | ☐ | NEW |
| | ☐ | CHANGE OF OWNERSHIP |
| | ☐ | CHANGE OF LOCATION |
| | ☐ | CHANGE OF NAME - Formerly Known As: |

| FOR OSBP USE ONLY: | | |
|---|---|---|
| LICENSE | ISSUED | REPLACES |
| | | |
| RECEIPT | DATE | |
| | | |

| Describe your business practice at this location: | (√Check all that apply) | | |
|---|---|---|---|
| | | ☐ | I supply medical gas only on drug orders issued to a patient. |
| | | ☐ | Other. Please describe: |

**A. Facility Name, DBA Name & Physical Address:** **Mailing Address: (if different from Physical Address)**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

**B. Contact Information:**

Person responsible for application:_____ E-Mail:_____

Designated Facility Manager/Representative:_____

Designated Facility Manager Phone:_____ E-Mail:_____

Facility Phone:_____ Facility Fax:_____ Facility hours: Mon-Fri_____

**C. Ownership Information:**

| TYPE OF OWNERSHIP (√ one and attach the appropriate form to this application) | | | | | | |
|---|---|---|---|---|---|---|
| | ☐ | SOLE PROPRIETOR *(complete Form A)* | ☐ | CORPORATION *(complete Form B1 or B2)* | ☐ | GOVERNMENT *(complete Form D)* |
| | ☐ | PARTNERSHIP *(complete Form A)* | ☐ | LLC *(complete Form C)* | | |

**D. If this facility is LOCATED IN OKLAHOMA, complete the following:**

1. This facility is located in _____ County of Oklahoma.

**E. Facility Registration / License Information:**

1. **FDA Registration Required if Transfilling:** ***(attach copy)***
   a. FDA Firm Name:_____
   b. FDA Facility Establishment Identifier #: _____
   c. FDA Data Universal Numbering System #:_____
   d. FDA Expiration Date:_____
2. **Home State License. If this facility is NOT LOCATED IN OKLAHOMA, complete the following:** ***(attach copy)***
   a. Home State:_____Type of License issued by Home State:_____
   b. Home State license number:_____ Home State license expiration date:_____
   c. Date of Last Inspection:_____ Entity conducting inspection:_____

## F. Disciplinary History:

**Please answer each of the following questions YES (Y) or NO (N).** For the purpose of the questions below, "applicant" means the Medical Gas Supplier listed in Section A above. **All "YES" answers MUST be explained in detail in a separate addendum.**

The addendum shall identify the person/entity to whom the "Yes" answer applies and shall include the jurisdiction and all other information requested. Failure to disclose any of the requested information may result in the denial of this application and/or other appropriate action.

The *'Addendum to Application with Charges & Convictions'* form that shall be used to provide this information may be found at:
**https://ok.gov/pharmacy/Licensees_&_Applicants/Forms_&_Applications/Facilities/index.html**

| | | |
|---|---|---|
| **1.** | Has the applicant or any of its owners or its designated representative or facility manager been convicted of any felony for conduct relating to prescription drugs, any felony for violation of 21 U.S.C. § 331 (i) or (k) or any felony for violation of 18 U.S.C. § 1365 relating to product tampering? | |
| **2.** | Has the applicant or any of its owners or its designated representative or facility manager pled guilty or nolo contendere to or been found guilty of violating federal or state requirements for licensure that present a threat of serious adverse health consequences or death to humans? | |
| **3.** | Has the applicant or any of its owners or its designated representative or facility manager pled guilty or nolo contendere to or been found guilty of violating any federal or state felony offense statutes or any federal or state misdemeanor offense statutes involving prescription drugs and/or controlled substances? Are any such charges or indictments pending? *(If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and all designated representatives or facility managers.)* | |
| **4.** | Has any federal (e.g., FDA, DEA) or state (e.g., OBNDD) regulatory or law enforcement agency found that the applicant or any of its owners or its designated representative or facility manager has violated any federal, state, or local laws or foreign laws? Is there any such action pending? *(If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and all designated representatives or facility managers.)* | |
| **5.** | Has suspension, revocation or any other sanction been imposed against a license currently or previously held by the applicant or any of its owners or its designated representative or facility manager for violating federal or state laws? Has the applicant or any of its owners or its designated representative or facility manager surrendered a license? *(If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and all designated representatives or facility managers.)* | |
| **6.** | Has the applicant ever had any application for a license or permit refused or denied by any licensing authority? | |
| **7.** | Has the applicant ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted? | |

**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.**

***THIS SIGNATURE MUST BE NOTARIZED:***

_____
Printed Name of Facility Manager/Representative

_____
Signature of Facility Manager/Representative

State of _____)

County of _____)

Subscribed and sworn to or affirmed before me this

_____ day of _____ , 20 _____ .

_____
Notary Public

**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

1. ___ **$300 Application Fee**
2. ___ **Copy of Home State License(s)** ***(if applicable)***
3. ___ **Copy of FDA Registration** ***(if applicable)***
4. ___ **Charges & Convictions Addendum** ***(if applicable)***
5. ___ **Ownership Form(s) with required attachments** ***(see Section C)***

**Applications are processed upon receipt. Please allow 2-3 weeks for processing of your license. Following processing, physical inspection will occur for all in-state facilities and may require an additional 1-2 weeks. Board inspection must occur prior to opening for new in-state applicants. License expires annually – 12 months from issue.**