



OKLAHOMA

State Board of Pharmacy

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PIC Extension Request

Oklahoma Pharmacy/Facility License #: _____ - _____

Name of Pharmacy/Facility: _____

Physical Address, City, State, Zip: _____

Name of Outgoing PIC: _____ OK License #: _____

Last Day Employed as PIC: _____ / _____ / _____

Please explain circumstances surrounding request:

Name of Person Completing/Submitting Request: _____

Title: _____ Date: _____

Email Address to Send Confirmation to: _____

**Once extension request has been reviewed by the OSBP Executive Director a confirmation will be emailed to the email address specified above.*

FOR OFFICE USE ONLY:

APPROVED _____ DENIED _____ EXECUTIVE DIRECTOR SIGNATURE: _____

DATE EXTENSION GRANTED: _____ DATE EXTENSION EXPIRES: _____