



FEE: \$25.00 (ONLINE ONLY)

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OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73105 Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov
E-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY

RECEIPT: _____

DATE: _____

EXPIRES: _____

TRAINING AREA CERTIFICATE APPLICATION

Pharmacy Name _____ License # _____

Address _____

A Training Area Permit is an additional specialized permit issued to Oklahoma resident pharmacies which desire approval for the training of pharmacy interns (i.e. a student currently enrolled in an accredited college of pharmacy) [OAC 535:10-5-9]

This Permit will expire annually upon the expiration of the pharmacy license and can be renewed for a \$10 fee paid in addition to the annual license renewal fee. Please allow 10-14 days from date of receipt for processing.

General condition and operation of the pharmacy:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Stock well arranged..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Personnel properly identified and wearing tags (interns, techs and clerks) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Work area clean, orderly and uncluttered | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Drugs and biologicals in date | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Patient or family profiles maintained for at least two years | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Computer used to detect drug interactions | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Three (3) prescription files maintained (Rx Only, C-II's, and C-III thru C-V) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Three (3) invoice files maintained (Rx Only, C-II's, and C-III thru C-V)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Adequate work area | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I.V.'s compounded..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Patient counseling | | |
| (a) ALL prescriptions counseled? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Only NEW prescriptions counseled? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Only DHS prescriptions counseled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Required library maintained | <input type="checkbox"/> | <input type="checkbox"/> |

Does the pharmacy have a policy and procedures manual? YES NO

Does the pharmacy have a pharmacy technician training manual?..... YES NO

Is this training area affiliated with a pharmacy school as a professional practice site?

(√check one) OU SWOSU None

List preceptors and their DPh Numbers (use reverse side or attach separate page if needed):

_____	_____
_____	_____
_____	_____

I certify that this training area applicant is not under suspension or probation by the Board. I further understand that if suspension or probation occurs while registered, the training area certificate becomes null and void.

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.

Signature _____ D.Ph. # _____ Date _____