



OKLAHOMA

State Board of Pharmacy

3812 N Santa Fe, Suite 300 • Oklahoma City, OK 73118-8500
pharmacy@pharmacy.ok.gov • www.pharmacy.ok.gov
Dr. Marty Hendrick, Pharm.D., DPH, Executive Director
Phone: 405.521.3815 • Fax: 405.521.3758

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For facilities located outside of the United States (US).

If you have a presence in the United States you may access our website to make payment by MasterCard, Visa or EFT from a savings or checking account:

<https://pay.apps.ok.gov/OSBP/payments/>

If you do NOT have a US presence you will not be able to access our website.

Exception: If you are in Canada please contact me by phone at 405-522-3129 or mterral@Pharmacy.ok.gov so I tell you how to process your payment from Canada.

Otherwise, please send me the email address of the person who will be making a federal ACH Wire transfer for payment for your firm.

I will email them the information they need to make payment. Our Oklahoma State Treasurer (OST) requires that the payment information be sent only to the person for the firm who will be making the payment for security reasons.

OST also requires us to split the information across two emails for security reasons.

If you have any questions or need assistance, please contact me. If you haven't already, please mail / ship your completed application and documents

New applications send to attention: Kristen Johnson

Renewal applications send to attention: Shakayla Gordon

OKLAHOMA STATE BOARD OF PHARMACY
3812 N SANTA FE STE 300
OKLAHOMA CITY OK 73118-8500

NEW address while our building is being repaired for water infiltration

Mary Ann Terral
Principal Assistant, Direct 405-522-3129
OKLAHOMA STATE BOARD OF PHARMACY



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:	

DUE UPON RECEIPT (PAYMENTS MADE ONLINE ONLY) https://pay.apps.ok.gov/OSBP/payments/ Fee doubles 15 days after expiration EXPIRATION: _____ LICENSE #: _____
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**2022-2023 NOTICE OF RENEWAL
WHOLESALE DISTRIBUTOR LICENSE**

A. Facility Name, DBA Name & Business Physical Address: _____ Mailing Address: _____

Prescription items sold in / shipped to Oklahoma: (√check all that apply)	<input type="checkbox"/> Non-controlled (Rx)	<input type="checkbox"/> Compressed Medical Gas
	<input type="checkbox"/> Controlled (CDS)	<input type="checkbox"/> Devices

B. Contact Information [notice of any deficiencies will be sent to the email given below for the Facility Manager/Representative]:
 Designated Facility Manager/Representative: _____
 Designated Facility Manager Phone: _____ E-Mail: _____
 Facility Phone: _____ Facility Fax: _____ Facility hours: Mon-Fri _____

C. Does this facility have a written Drug Diversion Detection and Prevention Policy on file and available for review as required by OAC 535:20-7-5? ___ Yes **(REQUIRED)**

D. Does this facility sell / ship directly to veterinarians located in Oklahoma? ___ Yes ___ No

E. If "Yes" is your facility registered with the Oklahoma Veterinary Board? ___ Yes ___ No

- F. If this facility is NOT LOCATED IN OKLAHOMA, the following must be submitted with this application:
1. Copy of Valid Home State License (Must provide copy of actual license, online verification printout will not be accepted)
 2. Copy of most recent Inspection Report (Conducted by home state, NABP, or FDA)
 3. Current Description of Operations

Ownership	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GOVERNMENT
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	

G. Has there been any Change of Name, Ownership, or Location since your last application/renewal?
 ___ Yes ___ No (If yes, a new application must be submitted)

For Change/Notification Requirements, please refer to Oklahoma Pharmacy Rules, Section 535:25-3-7

H. Is this facility a Reverse Distributor? ___ Yes ___ No
 Is this facility a Virtual Wholesale Distributor? ___ Yes ___ No

I. Disciplinary History:

Please answer each of the following questions YES (Y) or NO (N). For the purpose of the questions below, "applicant" means the Wholesale Distributor 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 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.	Since the last renewal or within the last 24 months, has the applicant or any of its owners or its designated representative or facility manager been convicted of any felony for conduct relating to manufacturing 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?	Y or N
2.	Since the last renewal or within the last 24 months, 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?	Y or N
3.	Since the last renewal or within the last 24 months, 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?	Y or N
4.	Since the last renewal or within the last 24 months, has any federal (e.g., FDA, DEA) or state (e.g., OBND) 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?	Y or N
5.	Since the last renewal or within the last 24 months, 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? Since the last renewal or within the last 24 months, has the applicant or any of its owners or its designated representative or facility manager surrendered a license?	Y or N
6.	Since the last renewal or within the last 24 months, has the applicant had any application for a license or permit refused or denied by any licensing authority?	Y or N
7.	Since the last renewal or within the last 24 months, has the applicant had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted?	Y or N

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:

State of _____)

County of _____)

Subscribed and sworn to or affirmed before me this

_____ day of _____, 20 ____ .

Printed Name of Facility Manager/Representative

Signature of Facility Manager/Representative

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- \$200 Renewal Fee Receipt
- Copy of Home State License & Latest Inspection Report
- Current Description of Operations
- Charges & Convictions Addendum (if applicable)

PLEASE MAKE SURE THIS APPLICATION IS COMPLETE AND ALL ATTACHMENTS ARE PRESENT BEFORE SUBMISSION. VERIFY SIGNATURES AND NOTARIES. ANY DEFICIENCIES COULD RESULT IN THIS APPLICATION BEING RETURNED. SHOULD THIS HAPPEN, YOU WILL BE SUBJECT TO ANY LATE FEES/RESINSTATEMENT FEES ASSESSED. ANY CERTIFICATE NOT RENEWED IS SUBJECT TO CANCELLATION 30 DAYS AFTER EXPIRATION.