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

Reset Form

AFFIDAVIT FOR DUPLICATE CERTIFICATE

$30.00 **(ONLINE ONLY)**

https://pay.apps.ok.gov/OSBP/Payments/

For Board Use Only:
Approved ___ Disapproved ___
Board Date: _____
Originally Issued: _____

I, _____ swear or affirm that my Oklahoma pharmacist certificate,

_____ :

(√ one)

☐ was destroyed by _____

☐ name has changed due to _____ from _____ to _____

☐ Other (please explain): _____

_____

All information I have supplied herein is true and correct to the best of my knowledge and belief and I hereby request that the Oklahoma State Board of Pharmacy issue a duplicate certificate at the earliest possible date.

_____
Signature

STATE of _____)
)
COUNTY of _____)

Subscribed and sworn to before me this _____ day of _____, 20___.

My commission expires: _____ Notary Public: _____

➡ **This affidavit will be submitted to the Board for approval at the next scheduled meeting. If a duplicate is approved, you will be sent a letter of registration that shall be posted in place of the original certificate, which must be returned to the Board office before the duplicate is relinquished.**

NAME: _____
(print or type your name exactly as it should appear on your certificate)

ADDRESS: _____