



OKLAHOMA STATE BOARD OF PHARMACY
400 N. Lincoln Blvd, Ste C, Oklahoma City, OK 73105

**PHARMACY INTERN
MULTIPLE EMPLOYMENT REPORT**

Each pharmacy intern shall conspicuously display in their training area the intern certificate provided by the Board. An intern working in multiple locations regularly or on an emergency relief basis may request a duplicate certificate. ***Each duplicate certificate requested requires an additional fee of \$10 each.***

Please indicate on each additional place of employment listed below if you would like to receive a duplicate certificate.

Certificate No. _____

Name _____

Address _____

Main Place of Employment (*Employment #1*):

Pharmacy Name _____ Pharmacy License # _____

Pharmacy Address _____

(Yes or No for duplicate request)

Employment #2:

Yes No

Pharmacy Name _____ Pharmacy License # _____

Pharmacy Address _____

Employment #3:

Yes No

Pharmacy Name _____ Pharmacy License # _____

Pharmacy Address _____

Employment #4:

Yes No

Pharmacy Name _____ Pharmacy License # _____

Pharmacy Address _____

Total duplicates requested _____ x \$10 each = _____

Please make check payable to:
Oklahoma State Board of Pharmacy