



OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
Phone: 405-521-3815 / Fax: 405-521-3758
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e-mail: pharmacy@pharmacy.ok.gov

APPLICATION FOR DONATION OF UNUSED PRESCRIPTION DRUGS

[for Oklahoma Assisted Living Centers & Residential Care Homes]

Date: _____ (Please Print Clearly)

Name of Assisted Living Center [as licensed by the Oklahoma Health Department]: _____ License #: _____

Address of Assisted Living Center: _____

Phone Number: _____ County: _____

Name and Email of *Consultant Pharmacist* (please print): _____ OK License #: _____

Name and Email of *Director of Nursing* (please print): _____ License #: _____

Name, Email and Title of *Licensed Person in Charge of Medications* (please print): _____ License #: _____

- Medication room?Yes___ No___
- Locked cabinet?Yes___ No___
- Locked cart?Yes___ No___
- All prescription drugs kept under control of licensed health care professional?Yes___ No___
- All prescription drugs kept in sanitary & temperature controlled conditions?Yes___ No___
- All prescription drugs kept in secure conditions (locked when not in use)?.....Yes___ No___
- All prescription drugs ordered by licensed health care professional?.....Yes___ No___

Type of Drugs Anticipated for Donation: Unit Dose___ Unused Injectables___ Other___

If other was indicated, please explain: _____

Pharmacy(s) intended for donation: [Must be a qualifying pharmacy as defined by 367.3 of Pharmacy Statutes]

- 1. Name: _____ City: _____ OK License #: _____
- 2. Name: _____ City: _____ OK License #: _____
- 3. Name: _____ City: _____ OK License #: _____

Name, Email and Title of *Person Completing Application* (please print):
Name _____ Title _____

Consultant Pharmacist Printed Name and Signature:
Name _____ Signature _____ License #: _____

FOR OSBP OFFICE USE ONLY:

Approved _____ Denied _____ Date: _____

OSBP Executive Director/Deputy Director Signature: _____

Approval letter will be emailed to consultant pharmacist at the email address on file