Information may be typed in before printing. Use the Tab key to move between fields. Click the Reset button to clear the form.

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

APPLICATION FOR DONATION OF UNUSED PRESCRIPTION DRUGS

[for Oklahoma Assisted Living Centers & Residential Care Homes]

Date:_____ (Please Print Clearly) **Reset Form**

Name of Assisted Living Center:

_____

Address of Assisted Living Center:

_____

_____

Phone Number: _____ ***County:*** _____

Name of ***Consultant Pharmacist*** *(please print)*:

_____

Name of ***Director of Nursing*** *(please print)*:

_____

Name and Title of ***Licensed Person in Charge of Medications*** *(please print)*:

_____

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 *(name and address)*:

(1)_____

(2)_____

(3)_____

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

Name_____ Title_____

Consultant Pharmacist Printed Name and Signature:

Name_____ Signature_____