Information may be typed in before printing. Click the Reset button to clear the form.

FEE - $100

Reset Form

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

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

Fee doubles 15 days after expiration
EXPIRES:_____

2016-2017 NOTICE OF RENEWAL MEDICAL GAS SUPPLIER LICENSE

A. Facility Name, DBA Name & Physical Address:

License No. _____

Please PRINT clearly

_____
_____
_____
_____
_____

Mailing Address: (if different from Physical Address)

_____
_____
_____
_____
_____
_____

Describe your business practice at this location:	(√Check all that apply)		
			I supply medical gas on drug orders issued to a patient.
			Other. Please describe:

B. Contact Information:

Person responsible for application:_____ E-Mail:_____

Designated Facility Manager/Representative:_____

Designated Facility Manager Phone:_____ E-Mail:_____

Facility Phone:_____ Facility Fax:_____Facility hours: Mon-Fri_____

C. Facility Registration / License Information:

1. **FDA Registration (required if transfilling):** ***(attach copy)***
   a. FDA Firm Name:_____
   b. FDA Facility Establishment Identifier #: _____
   c. FDA Data Universal Numbering Systems #:_____
   d. FDA Expiration Date:_____
2. **Home State License. If this facility is NOT LOCATED IN OKLAHOMA, complete the following:** ***(attach copy)***
   a. Home State:_____Type of License issued by Home State:_____
   b. Home State license number:_____ Home State license expiration date:_____
   c. Date of Last Inspection:_____ Entity conducting inspection:_____

D. Ownership [1, 2]		SOLE PROPRIETOR		CORPORATION		GOVERNMENT
		PARTNERSHIP		LLC		

List: **[attach separate page if necessary]**
- Name of Sole Proprietor Owner; or
- Names of Partners, if Partnership; or
- Name & Title of Corporate Officers (including President and Secretary), if Corp or LLC; or
- Name of Government or Tribal Entity owning facility

1.
2.
3.
4.

1. A change of ownership requires a new application. A change of ownership occurs when a change of ownership form occurs (e.g. from a sole proprietor to an LLC) or a change of 20% or more of the ownership of the entity owning the license occurs (for example, when the corporation owning the license sells 20% or more of the stock). For publicly traded corporations, a routine sale of stock is not a change of ownership. [see OAC 535:25-3-7(a)]
2. Changes in any information required for licensure must be reported to the Board within ten (10) days. [see OAC 535:25-3-7(b)]

E. Disciplinary History:

Please answer each of the following questions YES (Y) or NO (N). For the purpose of the questions below, "applicant" means the Medical Gas Supplier 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 otherinformation 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:
http://www.ok.gov/OSBP/documents/Charges%20%26%20Convictions%20Addendum.pdf.

1.	Since the last renewal or within the last 24 months, has the applicantor any of its owners or its designated representative or facility manager been convicted of any felony for conduct relating to 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?	
2.	Since the last renewal or within the last 24 months, has the applicantor 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?	
3.	Since the last renewal or within the last 24 months, has the applicantor 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? *(If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and all designated representatives or facility managers.)*	
4.	Since the last renewal or within the last 24 months, has anyfederal (e.g., FDA, DEA) or state (e.g., OBNDD) regulatoryor 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? *(If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and all designated representatives or facility managers.)*	
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, hasthe applicant or any of its owners or its designated representative or facility manager surrendered a license? *(If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and all designated representatives or facility managers.)*	
6.	Since the last renewal or within the last 24 months, has the applicanthad any application for a license or permit refused or denied by any licensing authority?	
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?	

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:

_____
Printed Name of Facility Manager/Representative

_____
Signature of Facility Manager/Representative

State of _____)
County of _____)

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

_____
Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- ☐ **1. $100 Renewal Fee**
- ☐ **2. Copy of FDA Registration *(if applicable)***
- ☐ **3. Copy of Home State License *(if applicable)***
- ☐ **4. Charges & Convictions Addendum *(if applicable)***

If this facility has had a Name change, Ownership change or Address change you must complete a new application. Applications are available at www.pharmacy.ok.gov.

Please allow 3 weeks from date of receipt for processing and mailing of your permit.
ANY CERTIFICATE NOT RENEWED IS SUBJECT TO CANCELLATION 30 DAYS AFTER EXPIRATION