



# 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

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

## 2016-2017 NOTICE OF RENEWAL OF PHARMACY LICENSE

A. License No. \_\_\_\_\_ **Please PRINT clearly**  
List Name, DBA Name & Physical Address

**Fee doubles 15 days after expiration**  
**EXPIRES:** \_\_\_\_\_

[See Sect. B for license renewal fee and add (✓) any permits currently held by pharmacy for total amount due]

- Pharmacy License **Renewal** ..... \$ \_\_\_\_\_
- Training Area Permit **Renewal** ..... \$ 10.00
- Drug Supplier Permit **Renewal** ..... \$ 20.00
- Sterile Compound Permit **Renewal** .. \$ 75.00

**TOTAL AMOUNT DUE** ..... \$ \_\_\_\_\_

To add a **NEW** permit, applications can be found at:  
[http://www.ok.gov/OSBP/Forms\\_for\\_Download/Pharmacies/index.html](http://www.ok.gov/OSBP/Forms_for_Download/Pharmacies/index.html)

**NOTE:** Attach a separate **SELF ADDRESSED ENVELOPE** marked "MAIL ADDRESS" for licenses requiring delivery to a mailing address other than the address listed in Section A.

<b>B. Type of Pharmacy</b>  (✓ check one)	<b>CHARITABLE: \$75</b>		
	<b>HOSPITAL: \$150</b>		
	<b>HOSPITAL DRUG ROOM : \$40</b>		
	<b>NON-RESIDENT: \$150</b>		
	<b>RETAIL: \$150</b>	Independent	Chain
		Closed Door	Nuclear
	<b>IN-STATE RMOP (Remote Medication Order Processing) for Hospitals: \$150</b>		
	<b>NON-RESIDENT RMOP (Remote Medication Order Processing) for Hospitals: \$150</b>		
<b>C. CDS Inventory Attached</b>	<b>ALL RESIDENT (IN-STATE) PHARMACIES MUST ATTACH A COPY OF THEIR ANNUAL CDS INVENTORY TAKEN BETWEEN MAY 1ST - JULY 1ST</b>		

### D. Contact Information:

Pharmacy Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pharmacy hours: Mon – Fri \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Person Responsible for Application: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### E. Designated Pharmacist-In-Charge (Oklahoma licensed PIC required):

By my signature, I acknowledge that I am employed by the pharmacy named above and that I am the pharmacist-in-charge. I certify that I am a licensed pharmacist in the State of **Oklahoma**. My business practices will conform to the laws and rules of the United States and the pharmacy laws and rules of the State of Oklahoma.

Printed Name: \_\_\_\_\_ CK Lic # \_\_\_\_\_ SS \_\_\_\_\_ Signature: \_\_\_\_\_

### F. Hospital & Hospital Drug Room Information:

[N/A \_\_\_\_\_]

- # of Beds: \_\_\_\_\_
- Hospital Drug Room designated **Drug Room Supervisor** (DPh, RN or LPN):

Printed Name & Title of Drug Room Supervisor: \_\_\_\_\_

### G. Retail & Non-Resident Pharmacy Information:

[N/A \_\_\_\_\_]

- Does this pharmacy compound sterile drug products? \_\_\_ Yes \_\_\_ No
  - If Yes, what is the compounding risk level? \_\_\_\_\_
  - If Yes, are all prescriptions patient specific? \_\_\_ Yes \_\_\_ No
    - If No, list OK Outsourcing Facility License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### H. If this Pharmacy is NOT LOCATED IN OKLAHOMA, please complete the following:

[N/A \_\_\_\_\_]

- Home State: \_\_\_\_\_ Home State pharmacy license number (**attach copy**): \_\_\_\_\_
- Home State pharmacy license expiration date: \_\_\_\_\_ Pharmacy Toll Free # (**required**): \_\_\_\_\_
- Date of Last Inspection (**must be within 2 years of renewal**): \_\_\_\_\_
- Inspected by (e.g. Home State, VPP): \_\_\_\_\_

### I. Please provide the following:

- NCPDP #: \_\_\_\_\_
- NPI #: \_\_\_\_\_
- OK Bureau of Narcotics #: \_\_\_\_\_
- DEA #: \_\_\_\_\_

**J. Licensed Pharmacists and Technicians employed by this pharmacy: (attach additional sheet if necessary)**

Cert. #	Pharmacists (Print Name)	Full Time✓	Part Time✓	Permit #	Technicians (Print Name)	Full Time✓	Part Time✓

<b>K. Ownership</b> <sup>1, 2</sup>	SOLE PROPRIETOR	CORPORATION	GOVERNMENT
	PARTNERSHIP	LLC	

List: **[attach separate page if necessary]**

• Name of Sole Proprietor Owner; or	1.
• Names of Partners, if Partnership; or	2.
• Name & Title of Corporate Officers (including President and Secretary), if Corp or LLC; or	3.
• Name of Government or Tribal Entity owning pharmacy	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)]

**L. Disciplinary History:**

Please answer each of the following questions **YES (Y)** or **NO (N)**. For the purpose of the questions below, "applicant" means the Pharmacy 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 other information 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 applicant or any of its owners or its pharmacy manager/PIC 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? <i>(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 pharmacy manager/PIC.)</i>	Y or N
2.	Since the last renewal or within the last 24 months, has any federal (e.g., FDA, DEA) or state (e.g., OBNDD) regulatory or law enforcement agency found that the applicant or any of its owners or its pharmacy manager/PIC has violated any federal, state, or local laws or foreign laws? Is there any such action pending? <i>(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 pharmacy manager/PIC.)</i>	Y or N
3.	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 pharmacy manager/PIC for violating federal or state laws? Has the applicant or any of its owners or its pharmacy manager/PIC surrendered a license? <i>(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 pharmacy manager/PIC.)</i>	Y or N
4.	Since the last renewal or within the last 24 months, has the applicant had any application for a license or permit refused or denied by any licensing authority?	Y or N
5.	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?	Y or N

**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:**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

\_\_\_\_\_  
 Printed Name of Pharmacist-In-Charge

Subscribed and sworn to or affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
 Signature of Pharmacist-In-Charge

\_\_\_\_\_  
 Notary Public

**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

- 1. **Renewal Fee(s)** (see *Total Due on page 1*)
- 2. **Annual CDS Inventory** (*In-State Pharmacies only*)
- 3. **Copy of Home State License** (*Non-Resident Pharmacies only*)
- 4. **Charges & Convictions Addendum** (*if applicable*)

If this pharmacy has had a Name change, Ownership change or Address change you must complete a new application. Applications are available at [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov).

Applications are processed upon receipt. Please allow 2-3 weeks for processing of your license.  
**ANY LICENSE NOT RENEWED IS SUBJECT TO CANCELLATION 30 DAYS AFTER EXPIRATION**