



**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

FOR OSBP USE ONLY		
RECEIPT:		AFFIDAVIT__
DATE:		

**2016-2017 PHARMACY TECHNICIAN PERMIT RENEWAL**

Permit No. \_\_\_\_\_

Please PRINT clearly

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**FEE: \$40.00**  
 [Fee doubles 15 days after expiration]  
 EXPIRES: \_\_\_\_\_

**SECTION I. Are you currently employed as a pharmacy technician in an Oklahoma licensed pharmacy? \_\_\_ YES \_\_\_ NO**

**If you answered YES:**

1. Complete Sections II thru VIII and return with renewal fee.

**PLEASE ALLOW 3 WEEKS FROM DATE OF RECEIPT FOR PROCESSING.**

**If you answered NO:**

1. You are NOT ELIGIBLE TO RENEW your permit.
2. The Board will not renew your technician permit unless you are currently employed in a licensed Oklahoma pharmacy and under the immediate and direct supervision of a licensed Oklahoma pharmacist:
3. Upon re-employment in a licensed Oklahoma pharmacy, you may apply for reinstatement of your technician permit.
4. The fee for reinstatement of a permit is \$80.00. A Reinstatement Application may be found at: [http://www.ok.gov/OSBP/Forms\\_for\\_Download/Technicians/index.html](http://www.ok.gov/OSBP/Forms_for_Download/Technicians/index.html).

**SECTION II. Technician Contact Information**

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION III. Main Place of Pharmacy Employment (Employment #1) Full-Time  Part-Time**

Pharmacy Name \_\_\_\_\_ Pharmacy License # \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE:** If you work in more than one licensed pharmacy, please complete Section V on page 2.

**Section IV. Pharmacist Review *(to be completed by Supervising Pharmacist from Pharmacy in Section III)***

I have reviewed this application as completed by the technician, including Section VI. I also understand that I am responsible for assuring that this technician remains competent through continuing on-the-job training and that proof of all training must be maintained in the pharmacy and available for inspection.

**Supervising Pharmacist PRINTED NAME:** \_\_\_\_\_ **D.Ph. #** \_\_\_\_\_

**Supervising Pharmacist SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Section V. Additional Pharmacy Employment** (*attach separate page if needed*)

If you work in more than one licensed pharmacy, please list each additional place of employment below. (*attach separate page if necessary*)

Each pharmacy technician must display their technician permit in a conspicuous place in each pharmacy where they are actively engaged as a pharmacy technician and the permit must be signed by a licensed Oklahoma pharmacist to be valid. A technician working in multiple locations or on an emergency relief basis must request a permit for each additional place of employment. **Each additional work permit requires an additional fee of \$10 each.**

**Employment #2:** Full-Time  Part-Time

Pharmacy Name \_\_\_\_\_ Pharmacy License # \_\_\_\_\_

Pharmacy Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment #3:** Full-Time  Part-Time

Pharmacy Name \_\_\_\_\_ Pharmacy License # \_\_\_\_\_

Pharmacy Address \_\_\_\_\_ Phone: \_\_\_\_\_

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**Section VI. Charges and Convictions** (✓one)

I \_\_\_\_\_ **HAVE** \_\_\_\_\_ **HAVE NOT** been the subject of a disciplinary action or other action by any other licensure Board in this state or any other state, or been arrested, charged, indicted, or convicted, or received a deferred sentence for any misdemeanor or felony offense since my last renewal or within the last 24 months.

If you **HAVE**, you must complete an 'Addendum to Application with Charges & Convictions' form and attach to this application. The addendum form may be found at: [http://www.ok.gov/OSBP/Forms\\_for\\_Download/Technicians/index.html](http://www.ok.gov/OSBP/Forms_for_Download/Technicians/index.html).

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**Section VII. Swear and Affirm Statement**

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.

**Technician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Section VIII. Total Fee(s) Due**

Permit Renewal Fee = 40.00

Total additional employment \_\_\_\_\_ x \$10 each = \_\_\_\_\_

**TOTAL DUE** =

Please make check payable to:  
**Oklahoma State Board of Pharmacy**

**Please allow 3 weeks for processing and mailing of your permit.  
Verification of receipt cannot be done over the telephone.**