

Oklahoma State Board of Pharmacy

2920 N. Lincoln Blvd., Ste. A OKC, OK 73105

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APPLICATION FOR OKLAHOMA FACILITY LICENSE

What you need to know before submitting an application- **PLEASE READ CAREFULLY:**

1. New applications (including change of owner, change of location, and change of name), if submitted without deficiencies, can take up to 2 weeks for processing.
2. The facility **SHALL NOT** operate from a place of residence.
3. Please verify all information requested on the application is provided at the time of submission to avoid any further delay.
4. Oklahoma requires up to 2 levels of ownership. Please pay special attention to Section D of the ownership form you are directed to on Page 1 of the application.
5. Oklahoma licenses are not transferable; they are only valid for the name and location that reflects on the license and the owner(s) reflected in the application submitted to obtain said license. This means that for change applications, the existing license will be ended at the time the new license is issued. ***For "Change of Owner" applications, as long as the previous/existing license has not expired, you may be able to continue contracts/orders as long as there is a Power of Attorney in place.*** <Please seek legal counsel for these types of situations>
6. For "New" or "Change of Location" applications- You cannot conduct business at the new facility until after you have been inspected and provided an Oklahoma license. Please be sure to plan ahead accordingly.
7. Please do not fax or email applications to the Board Office. We must have original signatures and notaries on file.
8. If there are any deficiencies with the application, our office will contact the designated facility manager/representative via email at the email address currently on file.
9. For Oklahoma facilities, once the application is processed it will be given to the proper Compliance Officer/Inspector, who will call the phone number listed on the application to schedule a time and date to perform the required inspection. **The facility must pass final inspection within ninety (90) days of application or the facility must resubmit the application and fees. Fees will not be refunded.** The license will be released on-site upon passage of this inspection.
10. OSBP Staff cannot interpret rules. For questions regarding what constitutes an ownership change, please refer to OAC 535:25-3-7.
11. OSBP reserves the right to request any additional information not specifically requested on this application deemed necessary to protect the public health and safety.



OKLAHOMA STATE BOARD OF PHARMACY

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**2023-2024 NOTICE OF RENEWAL
MEDICAL GAS DISTRIBUTOR & DURABLE
MEDICAL EQUIPMENT (DME) SUPPLIER LICENSE**

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

DUE UPON RECEIPT
(PAYMENTS MADE ONLINE ONLY)
<https://pay.apps.ok.gov/OSBP/payments/>
Fee doubles 15 days after expiration
 EXPIRATION: _____
 LICENSE #: _____

A. Facility Name, DBA Name & Business Physical Address: Mailing Address:

Describe your business practice at this location:	(√Check all that apply)	<input type="checkbox"/> I supply Durable Medical Equipment (DME) / devices on prescription orders issued to a patient.
		<input type="checkbox"/> I distribute medical gas on prescription orders to a patient, to medical gas suppliers or other entities licensed to use, administer, or distribute medical gas.
		<input type="checkbox"/> Other. Please describe: _____

B. Contact Information [notice of any deficiencies will be sent to the email given below for the *Facility Manager/Representative*]:

Designated Facility Manager/Representative: _____

Designated Facility Manager Phone: _____ E-Mail: _____

Facility Phone: _____ Facility Fax: _____ Facility hours: Mon-Fri _____

- C. Facility Registration / License Information:**
1. **If Transfilling occurs, FDA drug establishment registration is required.**
 - a. Copy of Facility's FDA Registration must be submitted with this application.

 2. **If this facility is NOT LOCATED IN OKLAHOMA, the following must be attached to this application:**
 - a. Copy of Valid Home State License (Must provide copy of actual license, online verification printout will not be accepted)
 - b. Copy of most recent Inspection Report (Conducted by Home State or FDA)
 - c. Current Description of Operations

D. Ownership	<input type="checkbox"/>	SOLE PROPRIETOR	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	GOVERNMENT
	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	LLC	<input type="checkbox"/>	

Has there been any Change of Name, Ownership, or Location since your last application/renewal?
 ___ Yes ___ No *(If yes, a new application must be completed)*

For Change/Notification Requirements, please refer to Oklahoma Pharmacy Rules, Section 535:25-3-7

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 Distributor & Durable Medical Equipment (DME) 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 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:

https://ok.gov/pharmacy/Licensees_&_Applicants/Forms_&_Applications/Facilities/index.html

1.	Since the last renewal or within the last 24 months, has the applicant or 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?	Y or N
2.	Since the last renewal or within the last 24 months, has the applicant or 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?	Y or N
3.	Since the last renewal or within the last 24 months, has the applicant or 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?	Y or N
4.	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 designated representative or facility manager has violated any federal, state, or local laws or foreign laws? Is there any such action pending?	Y or N
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, has the applicant or any of its owners or its designated representative or facility manager surrendered a license?	Y or N
6.	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
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?	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 Facility Manager/Representative

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

Signature of Facility Manager/Representative

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- \$300 Renewal Fee Receipt
- Copy of Home State License & Latest Inspection Report (*Non-Resident*)
- Current Description of Operations
- Copy of FDA Registration (*if applicable*)
- Charges & Convictions Addendum (*if applicable*)

PLEASE MAKE SURE THIS APPLICATION IS COMPLETE AND ALL ATTACHMENTS ARE PRESENT BEFORE SUBMISSION. VERIFY SIGNATURES AND NOTARIES. ANY DEFICIENCIES COULD RESULT IN THIS APPLICATION BEING RETURNED. SHOULD THIS HAPPEN, YOU WILL BE SUBJECT TO ANY LATE FEES/RESINSTATEMENT FEES ASSESSED. ANY CERTIFICATE NOT RENEWED IS SUBJECT TO CANCELLATION 30 DAYS AFTER EXPIRATION.