OKLAHOMA
State Board of Pharmacy

2920 N LINCOLN BLVD STE A • OKLAHOMA CITY OK 73105-4200
pharmacy@pharmacy.ok.gov • www.pharmacy.ok.gov
Dr. Marty Hendrick, Pharm.D., D.Ph, Executive Director
Phone: 405.521.3815 • Fax: 405.900.8365

November 21, 2022

For facilities located outside of the United States (US).

If you have a presence in the United States you may access our website to make payment by MasterCard, Visa, American Express or EFT from a savings or checking account:

https://pay.apps.ok.gov/OSBP/payments

If you do NOT have a US presence you will not be able to access our website.

Exception: If you are in Canada please contact the Board by phone at 405-522-3815 or by email at pharmacy@pharmacy.ok.gov for help processing a payment on our online store from Canada.

If you need to pay by federal ACH wire transfer, please send the email address of the person who will be making a federal ACH Wire transfer to the pharmacy email address.

The Board will email them the information to make payment. Our Oklahoma State Treasurer (OST) requires that the payment information be sent to the person who will be making the payment on behalf of the entity for security reasons.

OST requires us to send the information separately between two emails for security reasons.

If you have any questions or need assistance, please contact me.

If you haven't already, please mail / ship your completed application and documents

New applications to attention: Shakayla Gordon
Renewal applications attention: Marquise Robertson

OKLAHOMA STATE BOARD OF PHARMACY
2920 N LINCOLN BLVD STE A OKLAHOMA
CITY OK 73105-4212

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) 900-8365
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

2024-2025 NOTICE OF RENEWAL MANUFACTURER LICENSE

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 (No residential address, include city/town, state/ province/county, ZIP & country):

_____
_____
_____
_____

Mailing Address:

_____
_____
_____
_____

Prescription items sold in / shipped to Oklahoma: (√check all that apply)							
	☐	Non-controlled (Rx)	☐	Compressed Medical Gas			
	☐	Controlled (CDS)	☐	Devices	☐	API	

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. Is this facility a "virtual manufacturer"? ☐ Yes ☐ No

D. If YES, you must complete the following. Attach a separate sheet if necessary. If NO, skip to Section E.
OSBP will not process any applications for Manufacturers that use unlicensed Contract Manufacturers. This DOES include foreign manufacturers.

Contract Manufacturers:		Wholesale Distributors/3PL Providers:	
Name:	OK Lic #:	Name:	OK Lic #:
Name:	OK Lic #:	Name:	OK Lic #:
Name:	OK Lic #:	Name:	OK Lic #:

E. Facility Registration / License Information.

1. FDA drug establishment or device establishment registration is required.
   (A COPY OF THE FACILITY'S FDA REGISTRATION MUST BE ATTACHED TO THIS APPLICATION)
2. **If this facility is NOT LOCATED IN OKLAHOMA, the following must be submitted with this application:**
   a. Copy of Valid Home State License (Must provide copy of license, online verification printout will not be accepted)
   b. Copy of most recent inspection report (From home state, NABP, or FDA)
   c. Current Description of Operations

F. Ownership							
	☐	SOLE PROPRIETOR	☐	CORPORATION	☐	GOVERNMENT	
	☐	PARTNERSHIP	☐	LLC	☐		

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

Does this facility conform to US FDA CGMP regulations as required by OAC 535:20-3-6.10?
☐ Yes ☐ No ☐ Virtual Manufacturer

Does this facility have a written Drug Diversion Detection and Prevention Policy on file and available for review as required by OAC 535:20-3-4.1? ☐ Yes **(REQUIRED)**

Does this facility sell / ship directly to veterinarians located in Oklahoma? ☐ Yes ☐ No

If "Yes" is your facility registered with the Oklahoma Veterinary Board? ☐ Yes ☐ No

G. Disciplinary History:

Please answer each of the following questions YES (Y) or NO (N). For the purpose of the questions below, "applicant" means the Manufacturer 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 manufacturing 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? *(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.)*	**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? *(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.)*	**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? *(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.)*	**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:

_____
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:

- **$200 Renewal Fee Receipt**
- **Copy of Home State License & Latest Inspection Report (Non-Resident)**
- **Current Description of Operations**
- **Copy of FDA Registration / Form 483 / Warning Notice *(include response)***
- **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.