



OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105

Phone: (405) 521-3815 / Fax: (405) 900-8365

www.pharmacy.ok.gov

e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY		
LICENSE	ISSUED	EXPIRES
RECEIPT	DATE	

PHARMACY GRADUATE INTERN APPLICATION

A.	NAME* <small>[PRINT CLEARLY – exactly as it is to appear on your license]</small>
	ADDRESS*
	CITY, STATE, ZIP*

\$100.00 FEE (ONLINE ONLY)

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

The following **MUST** be submitted with this app:

-Copy of State or Federal ID

-Citizenship Affidavit

Please allow 2-3 weeks for processing and mailing of your license.

SSN# *:	Sex (M or F):
Date of Birth (mm/dd/yyyy):	Phone:
E-mail:	
*[This information is mandatory pursuant to 56 O.S. § 240.21A.]	

B. Requirements

1. I have met the requirements to become a pharmacy intern. I am a graduate of the following accredited college of pharmacy approved by the Board:

NAME OF COLLEGE OF PHARMACY:	DATE OF GRADUATION:
ADDRESS (include City, State and Zip):	

2. Are you or have you ever been a registered pharmacist? ___ YES ___ NO. If **YES**, list below (attach separate page if necessary):

STATE	LICENSE #	EXPIRATION DATE

3. Describe your reason for requesting intern licensure in Oklahoma:

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C. Charges and Convictions

If **YES**, complete an 'Addendum to Application with Charges & Convictions' and attach to this application. The addendum form that shall be used may be found at: http://www.ok.gov/OSBP/Forms_for_Download/Interns/index.html

1.	Have you ever been arrested, charged or convicted, or received a deferred sentence for any misdemeanor or felony offense?	___ Yes ___ No
2.	Do you habitually use alcohol, illegal or habit-forming drugs?	___ Yes ___ No
3.	Have you ever had any application for a license or permit refused or denied by any licensing authority?	___ Yes ___ No
4.	Have you ever had a registration issued by any licensing authority revoked, suspended, surrendered, limited, or restricted?	___ Yes ___ No

D. Swear and Affirm (sign and date)

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.

Applicant signature _____ Date _____

EXPIRES FIVE (5) YEARS AFTER DATE OF ISSUANCE

JUL-21

This form must be completed entirely. Any applicable attachments must be included as indicated below.

Citizenship / Alien Status Affirmation

NOTARY NOT NEEDED

Instructions: All natural persons fourteen (14) years of age and older, present in the United States, applying for a license with the Oklahoma State Board of Pharmacy are required by 56 O.S. Section 71 to provide the Board with verification of lawful presence in the US by executing the following Affirmation (as authorized by 56 OS Section 71, Subsection G).

I, _____ make affirmation, under penalty of perjury, as follows:
Print your name clearly here

(PLEASE SELECT ONE OF THE FOLLOWING, then sign and date)

_____ **I am a United States Citizen**

_____ **I am a Qualified Alien* under Federal Immigration and Naturalization Act; and,
I am lawfully present in the United States. Complete the following if you are an alien:**

Alien Registration Number: _____

County of Origin: _____

Date of Birth: _____

U.S. Social Security Number: _____

*When Qualified Alien is selected, the applicant / registrant must attach a legible copy of the front and back of the United States federal work authorization document.

Signature: _____

Date signed: _____