



**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 STUDENT INTERN APPLICATION**

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

**\$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.

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

**B. College Enrollment:**

I have met the requirements to become a pharmacy intern. I am currently enrolled and in good standing in the following accredited college of pharmacy approved by the Board:

<b>NAME OF COLLEGE OF PHARMACY</b>
<b>ADDRESS</b>
<b>CITY, STATE, ZIP</b>

**C. Charges and Convictions**

If YES, have college Dean initial column to the right, 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](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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dean's Initials _____
2.	Do you habitually use alcohol, illegal or habit-forming drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dean's Initials _____
3.	Have you ever had any application for a license or permit refused or denied by any licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dean's Initials _____
4.	Have you ever had a registration issued by any licensing authority revoked, suspended, surrendered, limited, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dean's Initials _____

**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** \_\_\_\_\_

**E. Dean Review and Enrollment Verification (college Dean must sign and date)**

I have reviewed this application as completed by the applicant, including the **Charges and Convictions**, and I verify that this applicant is currently enrolled in the college of pharmacy named in Section B above.

**PRINTED NAME of Dean:** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIGNATURE of Dean:** \_\_\_\_\_

**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: \_\_\_\_\_