

OKLAHOMA STATE BOARD OF PHARMACY

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www.pharmacy.ok.gov

E-mail: pharmacy@pharmacy.ok.gov

Change of Home Address / Employment Information

(please print)

Pharmacist (DPh) / Intern (I) / Tech (T)	[select one]		
License #:			
Name:			
Former Home Address:	New Home Address:		
Former Employer: Phcy Licn #	New Employer:	Phcy Licn #	
Date Ended:	 Date Started:		

*This form should not be used to report a change in PIC for Oklahoma Pharmacies-Please complete the CDS Inventory Form instead.

This form will not be processed without all required license numbers included.

change Nov-23