



FEE: \$20.00 (ONLINE ONLY)

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

OKLAHOMA STATE BOARD OF PHARMACY

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www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

DRUG SUPPLIER PERMIT APPLICATION

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	
EXPIRES:	

Pharmacy Name, DBA Name and Physical Address:

A **Drug Supplier Permit** is an additional specialized permit issued to **Oklahoma resident Retail pharmacies** which "supply legend drugs to licensed prescribers for their office administration and/or to hospitals and other licensed pharmacies for their dispensing." [OAC 535:15-7-1]

Oklahoma Pharmacy License #: _____

I acknowledge that I am employed by the pharmacy named above and that I am the pharmacist-in-charge. I certify that I am a licensed pharmacist in the State of Oklahoma. My business practices will conform to the laws and rules of the United States and the pharmacy laws and rules of the State of Oklahoma.

Signature of Pharmacist-In-Charge

Oklahoma D.Ph. #

Date

This permit is non-transferrable for change of owner, name or address
PERMIT MUST BE RENEWED ANNUALLY