

**OKLAHOMA STATE BOARD OF PHARMACY**

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

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[www.pharmacy.ok.gov](http://www.pharmacy.ok.gov) / e-mail: [pharmacy@pharmacy.ok.gov](mailto:pharmacy@pharmacy.ok.gov)**\$50.00 FEE PER KIT  
(ONLINE ONLY)**<https://pay.apps.ok.gov/OSBP/payments/>**APPLICATION FOR LTC EMERGENCY KIT PERMIT**

A separate emergency kit permit application must be submitted for each LTC facility (i.e. different health department licenses), but multiple emergency kit permits may be issued for each facility. Example: One LTC facility with 3 separate nursing stations may request 3 emergency kit permits on the same application but each kit requires a separate fee and will be issued a separate permit.

**A. Responsible Pharmacy:**

<b>PHARMACY NAME</b>	<b>OK PHARMACY LICENSE #</b>
<b>STREET ADDRESS</b>	
<b>MAILING ADDRESS (if different)</b>	
<b>CITY, STATE, ZIP</b>	<b>PHONE:</b>

**B. Nursing Home / Assisted Living Center:**

<b>NURSING HOME / ASSISTED LIVING CENTER NAME</b>	<b>OK HEALTH DEPT LICENSE #</b>
<b>STREET ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	<b>PHONE:</b>

**C. Number of Emergency Kits requested for Nursing Home / Assisted Living Center listed in Section B:**

Multiple Emergency Kit permits may be issued on a single health department license. Each Emergency Kit requires a separate permit and fee.	<b>Quantity</b>	<b>Unit Price</b>	<b>Total</b>
		\$50.00	

**D. I certify that policies, procedures and an emergency kit formulary have been written and approved by the appropriate person or committee and are available for review as required by Board regulations. \_\_\_\_\_ Initials of person certifying**

**E. Swear and Affirm:** 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 to the best of my knowledge and belief. I agree to comply with the Oklahoma Pharmacy Act and Rules.

\_\_\_\_\_  
Printed Name & OK License # of Pharmacy PIC\_\_\_\_\_  
Signature of Pharmacy PIC\_\_\_\_\_  
Date**FOR OSBP USE ONLY**

<b>PERMIT</b>	<b>ISSUED</b>	<b>EXPIRES</b>	<b>RECEIPT #</b>

**PERMITS WILL EXPIRE THE SAME DATE AS THE RESPONSIBLE PHARMACY LICENSE IN SECTION A.****JUL-21**