State Board of Pharmacy
2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73105
Marty Hendrick, Pharm. D., D.Ph., Executive Director
Email: pharmacy@pharmacy.ok.gov **Website:** www.pharmacy.ok.gov
Phone: 405.521.3815 **Fax:** 405.900.8365

PIC Extension Request

Oklahoma Pharmacy/Facility License #: _____ - _____

Name of Pharmacy/Facility: _____

Physical Address, City, State, Zip: _____

Name of Outgoing PIC: _____ OK License #: _____

Last Day Employed as PIC: _____ / _____ / _____

Please explain circumstances surrounding request:

_____

_____

_____

_____

_____

Name of Person Completing/Submitting Request: _____

Title: _____ Date: _____

Email Address to Send Confirmation to: _____

**Once extension request has been reviewed by the OSBP Executive Director a confirmation will be emailed to the email address specified above.*

FOR OFFICE USE ONLY:

APPROVED ____ DENIED ____ EXECUTIVE / DEPUTY DIRECTOR SIGNATURE:_____

DATE EXTENSION GRANTED: _____ DATE EXTENSION EXPIRES: _____