



APPLICATION FOR OKLAHOMA PHARMACY LICENSE

What you need to know before submitting an application- **PLEASE READ CAREFULLY:**

1. New applications (including change of owner, change of location, and change of name), if submitted without deficiencies, can take up to 2 weeks for processing.
2. The pharmacy **SHALL NOT** operate from a place of residence.
3. Please verify all information requested on the application is provided at the time of submission to avoid any further delay.
4. Oklahoma requires up to 2 levels of ownership. Please pay special attention to Section D of the ownership form you are directed to on Page 1 of the application.
5. Oklahoma licenses are not transferable; they are only valid for the name and location that reflects on the license and the owner(s) reflected in the application submitted to obtain said license. This means that for change applications, the existing license will be ended at the time the new license is issued. Please make sure to plan ahead with all other licenses and medications on-site. **For “Change of Owner” applications, as long as the previous/existing license has not expired, you may be able to continue contracts/orders as long as there is a Power of Attorney in place.** <Please seek legal counsel for these types of situations>
6. Please do not fax or email applications to the Board Office. We must have original signatures and notaries on file.
7. If there are any deficiencies with the application, our office will contact the designated PIC via email at the email address currently on file.
8. All pharmacies must have an Oklahoma licensed PIC in place at all times. **For Non-Resident Pharmacies ONLY:** If at any time the current PIC ends employment and there will be any amount of time where there is not an Oklahoma licensed PIC, the pharmacy must submit a “PIC Extension Request” which can be found on our website or emailed to you upon request. Only the Executive Director of the Oklahoma Pharmacy Board may grant this extension. *Oklahoma pharmacies must have a licensed PIC in place at all times.*
9. For Oklahoma pharmacies, once the application is processed it will be given to the proper Compliance Officer/Inspector, who will call the phone number listed on the application to schedule a time and date to perform the required inspection. **The pharmacy must pass final inspection within ninety (90) days of application or the pharmacy must resubmit the application and fees. Fees will not be refunded.** The license will be released on-site upon passage of this inspection.
10. OSBP Staff cannot interpret rules. For questions regarding what constitutes an ownership change, please refer to OAC 535:25-3-7.
11. OSBP reserves the right to request any additional information not specifically requested on this application deemed necessary to protect the public health and safety.



OKLAHOMA STATE BOARD OF PHARMACY

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APPLICATION FOR PHARMACY LICENSE

A. ✓ CHECK ALL THAT APPLY	☐ NEW PHARMACY	FOR OSBP USE ONLY:		
	☐ CHANGE OF OWNERSHIP	☐ LICENSE	☐ ISSUED	☐ REPLACES
	☐ OWNERSHIP TRANSFER DATE:			
	☐ CHANGE OF LOCATION	☐ RECEIPT		☐ DATE
	☐ CHANGE OF NAME – Formerly Known As:			

B. Type of Pharmacy (✓ one) [Fee includes inspection and/or document review]	☐ CHARITABLE PHARMACY (<i>In-State</i>)	\$275	(FEE MUST BE PAID ONLINE ONLY) https://pay.apps.ok.gov/OSBP/payments/
	☐ HOSPITAL PHARMACY (<i>In-State</i>)	\$350	
	☐ HOSPITAL DRUG ROOM (<i>In-State</i>)	\$240	
	☐ NON-RESIDENT PHARMACY (<i>Out-of-State</i>)	\$350	
	☐ RETAIL PHARMACY (<i>In-State</i>)	\$350	☐ Independent ☐ Chain ☐ Clinic ☐ Closed Door ☐ Nuclear ☐ Other
	Remote Medication Order Processing (RMOP) Pharmacy for Hospitals:		
	☐ IN-STATE RMOP for Hospitals	\$350	
☐ NON-RESIDENT RMOP for Hospitals	\$350		

C. Pharmacy Name, DBA Name & Business Physical Address:

(Non-residential address, include city/town, state/province/county, ZIP & Country):

D. Type of Ownership

(✓ one and attach the appropriate form to this application)

☐ SOLE PROPRIETOR (complete Form A)
☐ PARTNERSHIP (complete Form A)
☐ CORPORATION (complete Form B1 or B2)
☐ LLC (complete Form C)
☐ GOVERNMENT (complete Form D)

E. Contact Information:

Pharmacy Phone: _____ Fax: _____ E-mail: _____

Pharmacy hours: Mon – Fri _____ Saturday _____ Sunday _____

Person Responsible for Application: _____ E-Mail: _____

F. Designated Pharmacist-In-Charge (*Oklahoma licensed PIC required*):

By my signature, 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.

Printed Name: _____ OK Lic # _____ Signature: _____

G. Does this pharmacy have a written Drug Diversion Detection and Prevention Policy on file and available for review as required by OAC 535:15-3-2? ☐ Yes ☐ No

H. Charitable Pharmacy Information:

[N/A ☐

1. Are the required Policies & Procedures attached? (OAC 535:15-11-1) ☐ Yes ☐ No

I. Hospital & Hospital Drug Room Information:

[N/A ☐

1. # of Beds: _____ 2. Hospital Drug Room designated **Drug Room Supervisor** (DPh, RN or LPN):

Printed Name & Title: _____

J. Retail & Non-Resident Pharmacy Information:

[N/A ☐

1. Does this pharmacy compound sterile drug products? ☐ Yes ☐ No (*If YES, a Sterile Compounding Permit is required*)

a) If Yes, what is the compounding risk level? _____

b) If Yes, are all prescriptions patient specific? ☐ Yes ☐ No

1. If not patient specific, are you compounding sterile drugs for Veterinarian office use? ☐ Yes ☐ No

2. If no, please apply for an Outsourcing Facility License

K. If this Pharmacy is LOCATED IN OKLAHOMA, complete the following:

1. This pharmacy is located in _____ County of Oklahoma.

L. If this Pharmacy is NOT LOCATED IN OKLAHOMA, complete the following:[N/A ☐]

- Home State: _____ Home State pharmacy license number (**attach copy**): _____
- Home State pharmacy license expiration date: _____ Pharmacy Toll Free # (**required**): _____
- Date of Last Inspection (**must be within 2 years of application**): _____
- Inspected by (e.g. Home State, VPP): _____

M. Licensed Pharmacists and Technicians employed by this pharmacy: (attach additional sheet if necessary**)**

Cert. #	Pharmacists (Print Name)	Full Time✓	Part Time✓	Permit #	Technicians (Print Name)	Full Time✓	Part Time✓
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

N. Disciplinary History:

Please answer each of the following questions YES (Y) or NO (N). For the purpose of the questions below, "applicant" means the Pharmacy listed in Section C above. **All "YES" answers MUST be explained in detail in a separate addendum.**

The addendum shall identify the person/entity to whom the "Yes" answer applies and shall include the jurisdiction and all other information requested. Failure to disclose any of the requested information may result in the denial of this application and/or other appropriate action.

The 'Addendum to Application with Charges & Convictions' form that shall be used to provide this information may be found at:
https://ok.gov/pharmacy/Licensees_&_Applicants/Forms_&_Applications/Pharmacies/index.html

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|----|--|--|
| 1. | Has the applicant or any of its owners or its pharmacy manager/PIC pled guilty or nolo contendere to or been found guilty of violating any federal or state felony offense statutes or any federal or state misdemeanor offense statutes involving prescription drugs and/or controlled substances? Are any such charges or indictments pending? (<i>If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and pharmacy manager/PIC.</i>) | |
| 2. | Has any federal (e.g., FDA, DEA) or state (e.g., OBNDD) regulatory or law enforcement agency found that the applicant or any of its owners or its pharmacy manager/PIC has violated any federal, state, or local laws or foreign laws? Is there any such action pending? (<i>If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and pharmacy manager/PIC.</i>) | |
| 3. | Has suspension, revocation or any other sanction been imposed against a license currently or previously held by the applicant or any of its owners or its pharmacy manager/PIC for violating federal or state laws? Has the applicant or any of its owners or its pharmacy manager/PIC surrendered a license? (<i>If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and pharmacy manager/PIC.</i>) | |
| 4. | Has the applicant ever had any application for a license or permit refused or denied by any licensing authority? | |
| 5. | Has the applicant ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted? | |

NOTE: If the business entity is organized pursuant to the laws of any jurisdiction other than the State of Oklahoma, the business entity may be required to qualify (or register) to do business in Oklahoma by filing the appropriate forms with the Oklahoma Secretary of State. [www.sos.ok.gov]

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.

THIS SIGNATURE MUST BE NOTARIZED:

Printed Name & Title of Responsible Person/Representative _____

Signature of Responsible Person/Representative _____

State of _____

County of _____

Subscribed and sworn to or affirmed before me this

_____ day of _____, 20____.

Notary Public

THE FOLLOWING **MUST BE SUBMITTED** WITH THIS APPLICATION:

- Application Fee Receipt (**ONLINE ONLY- see Section B**)
- Charitable Pharmacy Policies & Procedures (*if applicable*)
- Copy of Home State License (*Non-Resident Pharmacies only*)
- Charges & Convictions Addendum (*if applicable*)
- Ownership Form(s) with required attachments (*see Section D*)
- Most Recent Home State Inspection Report (*Non-Resident Pharmacies only*)
- Current Description of Operations (*Non-Resident Pharmacies only*)
- Bill of Sale / Purchase Agreement (*Change of Ownership Applications*)

ATTACH THE APPLICATION & FEE RECEIPT FOR ANY **ADDITIONAL PERMITS REQUESTED AND/OR REQUIRED:**

- Sterile Compounding Permit Application** (*Required for sterile compounding Retail or Non-Resident pharmacies*)
- Drug Supplier Permit Application** (*for in-state Retail pharmacies which supply legend drugs to licensed practitioners for their office administration and/or to hospitals or other pharmacies*)
- Training Area Permit Application** (*for in-state pharmacies which desire approval for the training of pharmacy interns*)

Permit applications can be found **HERE**

Applications are processed upon receipt. Please allow 2-3 weeks for processing of your license. Following processing, physical inspection will occur for all in-state pharmacies and may require an additional 1-2 weeks. Board inspection must occur prior to opening for new in-state applicants.
License expires annually - 12 months from issue.