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OKLAHOMA STATE BOARD OF PHARMACY

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|-------------------|--|
| RECEIPT: | |
| DATE: | |
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STERILE COMPOUNDING PERMIT APPLICATION

Pharmacy Name, DBA Name and Physical Address:

A **Sterile Compounding Permit** allows the “compounding and dispensing of sterile preparations by an Oklahoma licensed pharmacist pursuant to a prescription order.” [OAC 535:15-9-2]

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, USP 797 standards for sterile compounding, and the pharmacy laws and rules of the State of Oklahoma.

Signature of Pharmacist-in-Charge

OK DPh License #

Date

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