

## **OKLAHOMA STATE BOARD OF PHARMACY**

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105 Phone: 405-521-3815 / Fax: 405-900-8365 www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

## AFFIDAVIT FOR DUPLICATE CERTIFICATE

\$30.00 (ONLINE ONLY)

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

The Board will **only** issue **one** Duplicate Wall Certificate. You may request a duplicate if the original certificate has been lost, destroyed **or** for a name change.

For Board Use Only:			
Approved	Disapproved		
Board Date:			
Originally Issued:			

I,		swear or affirm that my Oklahoma pharmacist certificate	
#	:		
	was destroyed by		
(ər	$\Box$ name has changed due to	from	
( 🗸 one)		to	
Ŭ	Other (please explain):		

All information I have supplied herein is true and correct to the best of my knowledge and belief and I hereby request that the Oklahoma State Board of Pharmacy issue a duplicate certificate at the earliest possible date.

		0: /	
STATE of )		Signature	
COUNTY of )			
Subscribed and sworn to before me this	day of	, 20	
My commission expires:	Notary Public:		

This affidavit will be submitted to the Board for approval at the next scheduled meeting. If a duplicate is approved, you will be sent a letter of registration that shall be posted in place of the original certificate, which must be returned to the Board office before the duplicate is relinquished.

NAME:

(print or type your name exactly as it should appear on your certificate)

ADDRESS: