



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,
_____ :

(✓ one)

- ☐ was destroyed by _____
- ☐ name has changed due to _____ from
_____ to _____
- ☐ Other (please explain): _____

(Name change requests must have copy of marriage license, divorce decree, or court order verifying the name change)

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.

STATE of _____)
COUNTY of _____)

Signature

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: _____