



# OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73105  
Phone: (405) 521-3815 / Fax: (405) 900-8365  
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**FOR OSBP USE ONLY**

RECEIPT:		AFFIDAVIT_
DATE:		

## 2025-2026 PHARMACY TECHNICIAN PERMIT RENEWAL

Please **PRINT** clearly. Information must be legible for processing.

Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**FEE: \$40.00 (ONLINE ONLY)**  
<https://pay.apps.ok.gov/OSBP/payments/>  
 [FEE DOUBLES 15 DAYS AFTER EXPIRATION]  
**EXPIRES:** \_\_\_\_\_

- I. Are you currently employed as a pharmacy technician in an Oklahoma licensed pharmacy?**  
 \_\_\_ Yes \_\_\_ No
- If you answered NO, you are NOT eligible to renew your technician permit.
  - You must be licensed in an Oklahoma Pharmacy as a pharmacy technician and under the immediate and direct supervision of a licensed Oklahoma pharmacist to renew.

**II. Primary Employment Information:**  
 \_\_\_ Full Time \_\_\_ Part Time

Pharmacy Name: \_\_\_\_\_ Pharmacy License #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Pharmacy Phone: (\_\_\_\_) \_\_\_\_\_ Pharmacy Fax: (\_\_\_\_) \_\_\_\_\_

*(If you are employed at more than one pharmacy, please see Section V of this application)*

- III. Charges and Convictions**
- I \_\_\_ HAVE \_\_\_ HAVE NOT been the subject of a disciplinary action or other action by any other licensure Board in this state or any other state, or been arrested, charged, indicted, or convicted, or received a deferred sentence for any misdemeanor or felony offense since my last renewal or in the last 24 months.

*(If you HAVE, you must complete an 'Addendum to Application with Charges & Convictions' form and attach to this application)*

*This form can be located on our website at:*

[https://www.ok.gov/pharmacy/Licensees\\_&Applicants/Forms\\_&Applications/Technicians/index.html](https://www.ok.gov/pharmacy/Licensees_&Applicants/Forms_&Applications/Technicians/index.html)

- IV. Pharmacist Review-** (To be completed by supervising pharmacist from pharmacy in Section II)  
 I have reviewed this application as completed by the technician. I also understand that I am responsible for assuring that this technician remains competent through continuing on-the-job training and that proof of all training must be maintained in the pharmacy and available for inspection.

Supervising Pharmacist **PRINTED** name: \_\_\_\_\_ Lic #: \_\_\_\_\_

Supervising Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**V. Additional Pharmacy Employment** – \*Each pharmacy technician must display their technician permit in a conspicuous place in each pharmacy where they are actively engaged as a pharmacy technician and the permit must be signed by a licensed Oklahoma pharmacist to be valid. A technician working in multiple locations or on an emergency relief basis must request a permit for each additional place of employment. **Each additional work permit requires an additional fee of \$10 per permit.**

**Employment #2:** \_\_\_\_ Full Time \_\_\_\_ Part Time

Pharmacy Name: \_\_\_\_\_ Pharmacy License #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Pharmacy Phone: (\_\_\_\_\_) \_\_\_\_\_ Pharmacy Fax: (\_\_\_\_\_) \_\_\_\_\_

**Employment #3:** \_\_\_\_ Full Time \_\_\_\_ Part Time

Pharmacy Name: \_\_\_\_\_ Pharmacy License #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Pharmacy Phone: (\_\_\_\_\_) \_\_\_\_\_ Pharmacy Fax: (\_\_\_\_\_) \_\_\_\_\_

**VI. Swear and Affirm Statement**

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Oklahoma State Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all of the information I have supplied herein is true and complete.

**Technician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VII. Total Fee(s) Due**

Permit Renewal Fee = \$40.00  
 Total Additional Employment = \$ \_\_\_\_\_

**FEES MUST BE PAID ONLINE**

**TOTAL DUE: \$ \_\_\_\_\_**

- Please pay through our online store at <https://pay.apps.ok.gov/OSBP/payments/>.
- The Board will not renew your technician permit unless you are currently employed in a licensed Oklahoma pharmacy and under the immediate and direct supervision of a licensed Oklahoma pharmacist.
- Upon re-employment in a licensed Oklahoma pharmacy, you may apply for reinstatement of your technician permit.
- The fee for reinstatement is \$80.00. Reinstatement applications can be found at [https://www.ok.gov/pharmacy/Licensees\\_&Applicants/Forms\\_&Applications/Technicians/index.html](https://www.ok.gov/pharmacy/Licensees_&Applicants/Forms_&Applications/Technicians/index.html)

➤ PLEASE ALLOW A MINIMUM OF **15 DAYS FROM DATE OF RECEIPT** FOR PROCESSING.

**PERMIT WILL EXPIRE ANNUALLY ON THE LAST DAY OF YOUR BIRTH MONTH.**