



OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73105

Phone: (405) 521-3815 / Fax: (405) 900-8365

www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY

RECEIPT:		AFFIDAVIT_
DATE:		

2026-2027 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

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

➤ 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.