



# OKLAHOMA STATE BOARD OF PHARMACY

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## Pharmacy Technician Application For Immunization Registration

**\$25.00 - ONLINE ONLY**

<https://pay.apps.ok.gov/OSBP/Payments/>

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

Technician Permit No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Primary Place of Employment \_\_\_\_\_ Pharmacy License # \_\_\_\_\_

Employer's Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

I certify that I have read the "Technician Rules for Administering Immunizations [535:15-13-6.1]" and have completed the following approved training program(s) for administration of immunizations: **\*Please include Certificate of Completion\***

Name of Program	Name of Provider / Sponsor	Completion Date

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

Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Pharmacist Review, Training & Competency Verification**

I have reviewed the application as completed by the applicant and I verify that this applicant has been trained and is competent to administer immunizations to patients.

Pharmacist Signature \_\_\_\_\_ Date \_\_\_\_\_