

MEMO

To: Board of County Commissioners
From: Linda J. Johnston 
Date: June 2, 2017
Re: Request for Approval for Application for Pharmacy and Training Area Licenses

In accordance with the Oklahoma State Board of Pharmacy laws, attached is the original pharmacy license and training area license renewal application for The George Prothro, MD Pharmacy of Tulsa County. The total fee for both licenses is \$160.00 and is due by July 31, 2017. We are respectfully seeking your authorization on this matter.

This application for renewal requires an official signature on this form as Chairman of the Board of County Commissioners. Following Board action, I also request that this **original document be returned to this department** for proper processing.

LJ:gs

cc: Commissioner Ron Peters
Commissioner John Smaligo
Commissioner Karen Keith
John Fothergill, Chief Deputy
Vicki Adams, Chief Deputy
Catherine Collet, Pharmacist

Original Application to: Michael Willis, County Clerk, to be placed on agenda of June 13, 2017.

**OKLAHOMA STATE BOARD OF PHARMACY**

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
 Phone: (405) 521-3815 / Fax: (405) 521-3758
 www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY

RECEIPT:

DATE:

2017-2018 NOTICE OF RENEWAL OF PHARMACY LICENSE

A. License No. 2-6014 **List Name, DBA Name & Physical Address**

the George Prothro, MD Pharmacy of Tulsa County
 2401 Charles Page Boulevard
 Tulsa, OK 74127

Fee doubles 15 days after expiration
EXPIRES: 7/31/17

[See Sect. B for license renewal fee and add (✓) any permits currently held by pharmacy for total amount due]

✓ Pharmacy License **Renewal** \$ 150.00
 ✓ Training Area Permit **Renewal** \$ 10.00
 Drug Supplier Permit **Renewal** \$ 20.00
 Sterile Compound Permit **Renewal** ... \$ 75.00

TOTAL AMOUNT DUE \$ 160.00

[NOTE: Attach a separate SELF ADDRESSED ENVELOPE marked "MAIL ADDRESS" for licenses requiring delivery to a mailing address other than the address listed in Section A.]

Applications to add a **NEW** permit can be found at:
http://ok.gov/pharmacy/Licensees_&_Applicants/Forms_&_Applications/Pharmacies/index.html

B. Type of Pharmacy (✓ check one)	<input type="checkbox"/>	CHARITABLE: \$75				
	<input type="checkbox"/>	HOSPITAL: \$150				
	<input type="checkbox"/>	HOSPITAL DRUG ROOM : \$40				
	<input type="checkbox"/>	NON-RESIDENT: \$150				
	<input checked="" type="checkbox"/>	RETAIL: \$150				
	<input type="checkbox"/>	Independent	<input type="checkbox"/>	Chain	<input type="checkbox"/>	Clinic
	<input type="checkbox"/>	Closed Door	<input type="checkbox"/>	Nuclear	<input checked="" type="checkbox"/>	Other
	<input type="checkbox"/>	IN-STATE RMOP (Remote Medication Order Processing) for Hospitals: \$150				
	<input type="checkbox"/>	NON-RESIDENT RMOP (Remote Medication Order Processing) for Hospitals: \$150				
C. CDS Inventory Attached	<input checked="" type="checkbox"/>	ALL RESIDENT (IN-STATE) PHARMACIES MUST ATTACH A COPY OF THEIR ANNUAL CDS INVENTORY TAKEN BETWEEN MAY 1ST - JULY 1ST				

D. Contact Information:

Pharmacy Phone: 918-596-5577 Fax: 918-596-5562 E-mail: ccollet@tulsacounty.org
 Pharmacy hours: Mon – Fri 8:30 a.m. - 4:50 p.m. Saturday N/A Sunday N/A
 Person Responsible for Application: Catherine Gee Collet E-Mail: ccollet@tulsacounty.org

E. Designated Pharmacist-In-Charge (Oklahoma licensed PIC required):

By my signature, I acknowledge that I am employed by the pharmacy named above and that I am the pharmacist-in-charge. I certify that I am a licensed pharmacist in the State of Oklahoma. My business practices will conform to the laws and rules of the United States and the pharmacy laws and rules of the State of Oklahoma.

Printed Name: Catherine Gee Collet OK Lic # 10289 Signature: C. Collet

F. Does this pharmacy have a written Drug Diversion Detection and Prevention Policy on file and available for review as required by OAC 535:15-3-2? ☒ Yes ☐ No

G. Hospital & Hospital Drug Room Information: [N/A ☒

1. # of Beds: _____ 2. Hospital Drug Room designated **Drug Room Supervisor** (DPh, RN or LPN):
 Printed Name & Title: _____

H. Retail & Non-Resident Pharmacy Information:

1. Does this pharmacy compound sterile drug products? ☐ Yes ☒ No
 a) If Yes, what is the compounding risk level? _____
 b) If Yes, are all prescriptions patient specific? ☐ Yes ☐ No
 1. If not patient specific, list OK Outsourcing Facility License No: _____ Expiration Date: _____

[This question **MUST** be answered – **DO NOT** mark N/A if this is a retail or non-resident pharmacy] [N/A ☐

I. If this Pharmacy is NOT LOCATED IN OKLAHOMA, please complete the following: [N/A ☒

1. Home State: _____ Home State pharmacy license number (attach copy): _____
 2. Home State pharmacy license expiration date: _____ Pharmacy Toll Free # (required): _____
 3. Date of Last Inspection (must be within 2 years of renewal): _____
 4. Inspected by (e.g. Home State, VPP): _____

J. Please provide the following (you may put N/A if not issued for this facility):

1. NCPDP #: 3728536 3. OK Bureau of Narcotics #: 22454
 2. NPI #: 1992107577 4. DEA #: AT7815636

K. Licensed Pharmacists and Technicians employed by this pharmacy: (attach additional sheet if necessary)

Cert. #	Pharmacists (Print Name)	Full Time/	Part Time/	Permit #	Technicians (Print Name)	Full Time/	Part Time/
10289	Catherine Gee Collet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	T3150	Kristin O. Ruffin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10342	Nancy Burgett	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T21095	Mary-Kyle Windle	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15224	Bryn Stratton	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

L. Ownership ^{1, 2}	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> GOVERNMENT
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	

List: **[attach separate page if necessary]**

- Tulsa County
-
-
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• Name of Sole Proprietor Owner; or
 • Names of Partners, if Partnership; or
 • Name & Title of Corporate Officers (including President and Secretary), if Corp or LLC; or
 • Name of Government or Tribal Entity owning pharmacy

1. A change of ownership requires a new application. A change of ownership occurs when a change of ownership form occurs (e.g. from a sole proprietor to an LLC) or a change of 20% or more of the ownership of the entity owning the license occurs (for example, when the corporation owning the license sells 20% or more of the stock). For publicly traded corporations, a routine sale of stock is not a change of ownership. [see OAC 535:25-3-7(a)]

2. Changes in any information required for licensure must be reported to the Board within ten (10) days. [see OAC 535:25-3-7(b)]

M. Disciplinary History:

Please answer each of the following questions YES (Y) or NO (N). For the purpose of the questions below, "applicant" means the Pharmacy listed in Section A above. **All "YES" answers MUST be explained in detail in a separate addendum.**

The addendum shall identify the person/entity to whom the "Yes" answer applies and shall include the jurisdiction and all other information requested. Failure to disclose any of the requested information may result in the denial of this application and/or other appropriate action.

The addendum form that shall be used to provide this information may be found at:

https://ok.gov/pharmacy/Licensees_&_Applicants/Forms_&_Applications/Pharmacies/index.html

1. Since the last renewal or within the last 24 months, has the applicant or any of its owners or its pharmacy manager/PIC pled guilty or nolo contendere to or been found guilty of violating any federal or state felony offense statutes or any federal or state misdemeanor offense statutes involving prescription drugs and/or controlled substances? Are any such charges or indictments pending? (If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and pharmacy manager/PIC.)	N
2. Since the last renewal or within the last 24 months, has any federal (e.g., FDA, DEA) or state (e.g., OBNDD) regulatory or law enforcement agency found that the applicant or any of its owners or its pharmacy manager/PIC has violated any federal, state, or local laws or foreign laws? Is there any such action pending? (If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and pharmacy manager/PIC.)	N
3. Since the last renewal or within the last 24 months, has suspension, revocation or any other sanction been imposed against a license currently or previously held by the applicant or any of its owners or its pharmacy manager/PIC for violating federal or state laws? Has the applicant or any of its owners or its pharmacy manager/PIC surrendered a license? (If the owner of the applicant is a business entity, these questions need not be answered as to partners, members, or stockholders of the owner unless such persons currently serve as managers, officers or directors of the owner or own more than twenty percent (20%) of the owner. These questions shall be answered as to the applicant and pharmacy manager/PIC.)	N
4. Since the last renewal or within the last 24 months, has the applicant had any application for a license or permit refused or denied by any licensing authority?	N
5. Since the last renewal or within the last 24 months, has the applicant had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted?	N

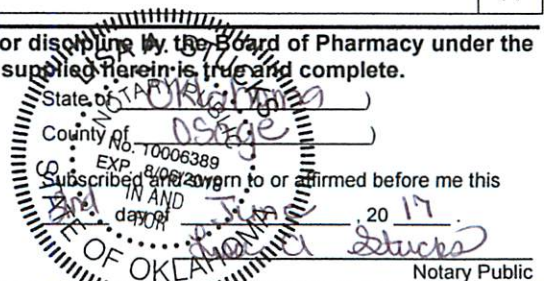
I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

THIS SIGNATURE MUST BE NOTARIZED:

Catherine Gee Collet

Printed Name & Title of Responsible Person/Representative

Signature of Responsible Person/Representative

**THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

- ☒ 1. Renewal Fee(s) (see Total Due on page 1)
- ☐ 2. Copy of Home State License (Non-Resident Pharmacies only)
- ☐ 3. Charges & Convictions Addendum (if applicable – see Sect M)
- ☒ 4. Annual CDS Inventory (In-State Pharmacies only)

If this pharmacy has had a Name change, Ownership change or Address change you must complete a new application. Applications are available at www.pharmacy.ok.gov.

Applications are processed upon receipt. Please allow 2-3 weeks for processing of your license.
ANY LICENSE NOT RENEWED IS SUBJECT TO CANCELLATION 30 DAYS AFTER EXPIRATION

**OKLAHOMA STATE BOARD OF PHARMACY**

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FORM D. GOVERNMENT OWNERSHIP INFORMATION**A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)**

PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE

The George Prothro, MD Pharmacy of Tulsa County

ADDRESS OF PHARMACY OR FACILITY (include city, state and ZIP)

2401 Charles Page Boulevard, Tulsa, OK 74127

B. GOVERNMENT ENTITY OWNER.

NAME OF GOVERNMENT ENTITY OWNING PHARMACY OR FACILITY

Tulsa County

ADDRESS OF GOVERNMENT ENTITY (include city, state and ZIP)

500 South Denver, Tulsa, OK 74103

FEDERAL EMPLOYER ID NUMBER (FEIN) OF GOVERNMENT ENTITY 73-6006419

C. DESIGNATED REPRESENTATIVE. (provide this information for the person who signs the application below)

NAME OF DESIGNATED REPRESENTATIVE FOR GOVERNMENT ENTITY

Ron Peters

TITLE

Chairman, BOCC

ADDRESS OF RECORD (include city, state and ZIP)

500 South Denver, Tulsa, OK 74103

PHONE NUMBER

918-596-5000

LICENSED OK PHARMACIST?

☐ Yes ☒ No

IF YES, OK DPH LICENSE #

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.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Designated Representative

State of _____)

County of _____)

Subscribed and sworn to or affirmed before me
this _____ day of _____, 20_____.

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:

- ☒ 1. Oklahoma State Board of Pharmacy Application & Fee