CERTIFICATION OF ACCREDITATION

CERTIFICATE OF REGISTRATION APPLICANT: Complete the applicant section of this form and forward to your accrediting organization. This form should be uploaded, for inclusion in your application filing on the eLicense portal. Do not apply for your license until your accrediting organization has completed this form.

Part 1 – To be completed by the applicant.

Legal Name of Business	Telephone Number (include area code)
Address (Street, City, State & Zip Code)	

I hereby authorize _____ to furnish to the State of Ohio Board of Pharmacy, the information requested in Part 2 of this document.

Signature of Owner or Authorized Representative	Date
Name of Owner or Authorized Representative	

Part 2 – To be completed by accrediting agency (indicate N/A for items that are not applicable).

Name and Address of Accrediting Agency	
Applicant's Accreditation Number	Accreditation Status
Date of Initial Accreditation	Accreditation Expiration Date

Have any inspections of the applicant produced a deficiency rating resulting in less than full accreditation? (If yes, please explain / if no, indicate N/A)

Signature of Accrediting Agency Authorized Representative	Date
Name and Title of Accrediting Agency Authorized Representative	