



Application to the State of Ohio Board of Pharmacy for Appointment to the 2017 Rules Review Committee

The State of Ohio Board of Pharmacy's Rules Review Committee, composed of pharmacists from a diverse array of practice settings, is responsible for reviewing all rules prior to their legislatively mandated five-year review date. It also proposes changes to current rules as well as reviews and recommends changes proposed by the Board. The Committee is composed of ten Ohio licensed pharmacists in good standing and typically meets three times per year in Columbus for half-day meetings.

To be considered for the committee, please complete the application below by **January 9, 2017.**

RETURN THIS APPLICATION BY:

Mail to the address below, Attn: Rules Review Committee or

Email to: contact@pharmacy.ohio.gov

NOTE: Submit a copy of your current resume or curriculum vitae with this application.

Demographic Information

First Name	Last Name	MI
Street Address	County	
City/State/Zip	Phone (xxx-xxx-xxxx)	
E-mail	OH Pharmacist License Number	

Current Employment Information

Job Title	Employer Name
Street Address	County
City/State/Zip	Phone (xxx-xxx-xxxx)
Length of Employment with Current Employer	

77 South High Street, 17th Floor, Columbus, Ohio 43215



List Area(s) of Expertise and/or Specialty

Areas of Specialty

Have you served on the Rules Review Committee previously?

Yes

No

If yes, please provide the service dates.

Statement

Please provide a brief narrative of your interest, availability, professional affiliations and qualifications for serving on the Rules Review Committee. Please submit a copy of your current resume or curriculum vitae with this application.

Attestation

I attest that the information provided is true and accurate to the best of my knowledge. If appointed, I understand that I will serve at the discretion of the State of Ohio Board of Pharmacy.

Signature

Date

Applicants will be notified of their selection in February 2017.