



Technician Attestation Document

To be used by Registered or Certified Pharmacy Technician Applicants ONLY.

Part 1 – Applicant Information - *To be completed by the applicant.*

First Name	Last Name
Date of Birth	Social Security Number
Street Address	City
State	Zip-Code
Contact Phone Number (including area code)	E-mail Address
Name of Employer	Employer's Address
Name of Employer's Responsible Person	TDDD License Number

Applicant for registration as a (select only one):

Registered Pharmacy Technician

Certified Pharmacy Technician



Applicant meets one of the following educational requirements (select only one):

Has a high school diploma, a certificate of high school equivalence (i.e. GED).

Has a foreign school diploma that is equivalent to a U.S. high school diploma. **NOTE:** *Please refer to the [application instructions on the technician licensing page](#) for more information on the documentation needed to demonstrate English language proficiency.*

Has been employed continuously since before April 8, 2009 as a pharmacy technician without a high school diploma, GED or foreign school diploma equivalent to a U.S. high school diploma. **[APPLIES TO REGISTERED TECHNICIAN APPLICANTS ONLY]**

Part 2 – Attestation by Applicant - *To be completed by the applicant. Must be manually signed in ink. Digital signatures will **NOT** be accepted.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant

Date Signed

Print or Type Name

Part 3 - Verification of Applicant's Age, Education and Training - *To be completed by the responsible person (RP) of the pharmacy where the applicant is currently employed. Initial (in wet ink) beside each box attesting to the applicant's age, education and training.*

RP's Initials Here	The applicant listed in Part 1 of this document is at least eighteen years of age.
RP's Initials Here	The applicant meets the stated educational requirements listed in Part 1 of this document.
RP's Initials Here	<p>The applicant has completed a pharmacy technician training program that is of appropriate breadth and depth to clearly address the competencies for a technician to safely and effectively work in their current setting and includes instruction in all of the following:</p> <ul style="list-style-type: none"> a. Packaging and labeling drugs; b. Pharmacy terminology; c. Basic drug information; d. Basic calculations; e. Quality control procedures; f. State and federal statutes, rules, and regulations regarding pharmacy technician duties, pharmacist duties, pharmacy intern duties, prescription or drug order processing procedures, drug record-keeping requirements, patient confidentiality, security requirements, and storage requirements.

Part 4 – Attestation by the Responsible Person - *To be completed by the responsible person (RP) of the pharmacy where the applicant is currently employed. Must be manually signed in ink. Digital signatures will **NOT** be accepted.*

<p>I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.</p>	
Signature	Date Signed
Print or Type Name	Ohio Pharmacist License Number
TDDD License Number	Contact Phone Number (including area code)