



REQUEST FOR PHARMACIST DUPLICATE WALL CERTIFICATE

Complete form then sign in front of a notary. Make a copy for your file, and mail the original to the Board office with payment. Type or print legibly.

NAME:	EMAIL:
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I HEREBY GIVE NOTICE AND CERTIFY THAT I HAVE LOST MY PHARMACIST WALL CERTIFICATE.

DESCRIBE CIRCUMSTANCES OF LOSS:

I HEREBY REQUEST A DUPLICATE PHARMACIST WALL CERTIFICATE.

*The fee for a replacement Pharmacist Wall Certificate card is **\$22.50***

*Please make checks payable to **Treasurer State of Ohio***

OHIO LICENSE NUMBER

SIGNATURE OF PHARMACIST

Sworn to and subscribed before me this _____ day

SIGNATURE OF NOTARY

_____, 20_____

(NOTARY SEAL)

