



## Veteran Workforce Verification Form

**Updated 1/15/2025**

*This form and all accompanying materials must be submitted with an application or renewal in the [eLicense](#) system.*

**Definition of a Veteran:** "Veteran" means anyone who is serving or has served under honorable conditions in any component of the armed forces, including the national guard and reserve.

**Definition of Armed Forces:** "Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

Please include the following documentation with this form to obtain an application fee refund and renewal fee waiver:

**For an Honorably Discharged Veteran:** Applicant must submit an unedited ("long") copy of a DD-214 form.

**For an Active Duty Veteran:** Applicant must submit one of the following:

1. A letter from the individual's commanding officer (on letterhead) certifying that the applicant is on active duty status;
2. A copy of the most recent permanent change of station orders; or
3. Active duty orders.

The renewal fee for a pharmacist license is waived for active duty veterans, their spouses, and honorably discharged veterans up to five years after discharge date.

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<b>First Name</b>	<b>Last Name</b>	
<b>Social Security Number</b>	<b>Email Address</b>	
<b>Military Service Branch (select one)</b>	<b>Service Start Date:</b>	<b>Service End Date (if applicable):</b>