



Fee Waivers for Veterans, Active Duty Veterans and Spouses of Active Duty Veterans

"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.

"Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

Eligible Fee Waivers

- One time Pharmacist Reciprocity fee of \$337.50 for active duty veterans, the spouses of active duty veterans, and all honorably discharged veterans up to five years after discharge date.
- Pharmacist \$110.00 examination fee for active duty veterans, the spouses of active duty veterans, and all honorable discharged veterans.
- Pharmacist renewal fee of \$97.50 for active duty veterans, the spouses of active duty veterans, and all honorably discharged veterans up to five years after discharge date.
- One time Intern application fee of \$22.50 for active duty veterans, the spouses of active duty veterans, and all honorably discharged veterans.
- Intern renewal fee of \$22.50 for active duty veterans, the spouses of active duty veterans as well as all honorable discharged veterans.

Required Documentation for Fee Waivers for Veterans, Active Duty Veterans and Their Spouses

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 indicating the dates of active duty service:

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

For a Spouse of an Active Duty Veteran: Applicant must submit one of the following indicating the dates of the spouse's active duty service:

1. A copy of your spouse's most recent permanent change of station orders; or
2. A copy of your spouse's most recent active duty orders; or
3. A letter from your spouse's commanding officer (on letterhead) certifying the length of time of active duty;

AND a copy of your spousal military license, marriage license or other documentation if not available.

If you are unable to produce the required documentation, the Board may accept other forms of documentation at the discretion of the Licensing Administrator. Please contact the Board for more information.

Questions

The State of Ohio Board of Pharmacy is committed to helping veterans and their spouses through the licensing process. If you have any questions or concerns, please do not hesitate to call the Board at 614-466-4143 or by email: licensing@pharmacy.ohio.gov.