OHIO STATE BOARD OF PHARMACY
77 S. High Street, Room 1702
Columbus, OH 43215-6126
Phone: 614-466-4143 Fax: 614-752-4836
Website: www.pharmacy.ohio.gov
E-mail: licensing@bop.ohio.gov

License # 02 _____
License Name

_____

Date: _____

LIMITED LICENSE PERSONNEL LIST - RENEWAL

List the name, professional license #, type of professional license or certification level (if applicable), and expiration date of the license or certification. You may submit your own list (i.e., Excel spreadsheet) as long as it contains all of the required information.

(Ex. Type of license/Certification Level - RN, MD, EMT-B, EMT-P)

NAME	PROFESSIONAL LIC #	TYPE OF LICENSE/ CERTIFICATION LEVEL	EXPIRATION DATE
Ex. - John A. Smith	RN123456	RN	8/31/25

(Duplicate this form as necessary)