

# PHARMACY INTERN REGISTRATION APPLICATION

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## INSTRUCTIONS

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**THE APPLICATION WILL NOT BE PROCESSED UNTIL ALL OF THE REQUIRED ITEMS BELOW ARE RECEIVED IN THE OHIO STATE BOARD OF PHARMACY OFFICE:**

- A. **Pharmacy Intern Registration Application** (completed, signed, and notarized).
- B. **Registration Fee** of \$22.50 (check or money order made payable to "Treasurer, State of Ohio").
- C. **Head and Shoulders Photograph** (TAKEN WITHIN THE PREVIOUS SIX MONTHS with your name and date taken on the back).
- D.
  1. **Official Transcript of Grades** certifying your successful completion of at least 60 semester or 90 quarter hours of preliminary education (*YOU* must request the university or college office to send this directly to the Board office) and **Verification of Enrollment Certificate** from dean or designee in the school of pharmacy that you have **begun attending professional classes** in the Pharm.D. program;  
*or*
  2. **Certificate of Pharmacy Education** of a first professional Degree in Pharmacy (*YOU* must request your school of pharmacy office to send it directly to the Board office);  
*or*
  3. **Copy of FPGE Certificate** issued to you by the Foreign Pharmacy Graduate Examination Commission and **Official Score Report** showing successful completion of the Test of Spoken English (TSE) or TOEFL-iBT. (*YOU* must request the Test Center to send an Official Score Report to the Ohio Board of Pharmacy office.)
- E. **CHARGES/CONVICTIONS:** Pursuant to Item 5 on the application, submit a signed and dated letter, in your own words, with a complete description of events leading up to each incident, specifically what occurred, what disposition was made by the court or government agency, how you view the incident in retrospect, and any other information you consider to be pertinent. Also, *YOU* must obtain from the clerk of court's office a **certified copy** of any court documents for each incident and forward them with your written report.

You must report all charges/convictions, EVEN IF SEALED OR EXPUNGED! (Section 2953.33 ORC)

### F. **Criminal Background Checks**

Pursuant to 4729.071 and 4776.02 of the Ohio Revised Code, the Ohio Board of Pharmacy may not issue an initial license to practice as a pharmacy intern until the applicant has submitted a request to the Bureau of Criminal Identification and Investigation (BCI & I) for a criminal records check of the applicant. The records check must also include a request for information from the Federal Bureau of Investigation (FBI). The results of criminal records checks are not public records and shall not be made available to any person other than the licensing agency and the applicant or their representative (4776.04 ORC). Please see the Criminal Records Check summary on the Board's website for additional information, including a listing of agencies that will take electronic fingerprint impressions for this check.

**PHARMACY INTERN REGISTRATION APPLICATION FORM # 0100**

**TYPE OR PRINT LEGIBLY**

**ATTENTION APPLICANT!**

- > **After completing** this form, make a **copy for your file** and mail the **original to the Board**.
- > **Before mailing** the completed original, **read the Instructions** page for other **required** items.
- > Social Security Number is **required** pursuant to 3123.50 ORC.

**1. PERSONAL IDENTIFICATION**

Full Name <i>[First Middle Last]</i>		Date of Birth <i>[mm/dd/yyyy]</i>
Social Security Number (SSN)	Place of Birth <i>[City, State, Country]</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**2. PERMANENT ADDRESS (For mailing of all correspondence and renewal notices)**

Number and Street Address	Area Code / Telephone Number <input type="checkbox"/> Unlisted
City, State, Zip Code	County

**3. PRELIMINARY EDUCATION**

Pre-Pharmacy College Name	Location <i>[City &amp; State]</i>	Number of Hours Completed Sem:            Qtr:
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**4. INTERN/EXTERN REGISTRATIONS**

If you are currently, or have ever been, registered/licensed as an intern or extern in Ohio or in any state, give the following information: (attach separate list if more than one state)			
State	Registration Number	Registration Date <i>[mm/dd/yyyy]</i>	Status <i>[Active/Inactive]</i>

**5. CHARGES/CONVICTIONS (Do NOT leave blank or application will be returned)**

A. Have you ever been charged or convicted of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?  <input type="checkbox"/> YES <input type="checkbox"/> NO	B. Have you ever been the subject of disciplinary action by any state or federal agency?  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If you answered YES to A or B, you must report ALL charges, convictions, and disciplinary actions in accordance with paragraph G on the Instructions page.</b>
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**6. DEPOSITION AND SIGNATURE OF APPLICANT (MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC)**

I UNDERSTAND THAT THE OHIO PHARMACY INTERN LICENSE IS ISSUED TO ME FOR THE PURPOSE OF OBTAINING THE PRACTICAL EXPERIENCE REQUIRED FOR LICENSURE AS A PHARMACIST AND I MAY ONLY PRACTICE PHARMACY UNDER THE PERSONAL SUPERVISION OF A REGISTERED PHARMACIST. I FURTHER AGREE TO COMPLY WITH ALL FEDERAL AND STATE LAWS, REGULATIONS, AND RULES CONTROLLING THE DISTRIBUTION OF DRUGS. I HEREBY CERTIFY, UNDER PENALTY OF SECTION 2921.13 OF THE OHIO REVISED CODE, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

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SIGNATURE OF APPLICANT

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SWORN TO AND SIGNED BEFORE ME THIS DATE:

\_\_\_\_\_

[SEAL]

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SIGNATURE OF NOTARY

===== FOR BOARD USE ONLY BELOW THIS LINE =====

Control Number:	Audit Number:	OK'd By:	Registration Number:	Registration Date:
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