



## Pathway to Pharmacy Intern Licensure for Veterans

**Updated 9/20/22**

This document serves as a guide for veterans seeking to become an Ohio-licensed pharmacy intern. The State of Ohio Board of Pharmacy is committed to ensuring that our veterans and their families have every opportunity to join the pharmacy profession. 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](mailto:licensing@pharmacy.ohio.gov).

***"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.***

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## Section 1: Fee Waivers

### Eligible Fee Waivers for Pharmacy Interns:

- One-time pharmacy intern application fee of \$45.00\* for active-duty veterans, the spouses of active-duty veterans, and all honorably discharged veterans.
- Intern renewal fee of \$45.00\* for active-duty veterans, the spouses of active-duty veterans as well as all honorable discharged veterans.

*\*All eLicense system transaction fees are also waived for eligible applicants.*

### Required Documentation for Veterans and Spouses for [Fee Waivers](#) For an Active Duty Veteran:

**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:**

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 Director of Licensing. Please contact the Board for more information.*

### **Expedited Processing**

The State of Ohio Board of Pharmacy adopted a licensing policy to expedite processing for veterans and spouses within 48 hours, when applicable.

## **Section 2: Obtaining a Pharmacy Intern License**

A student must be attending an accredited college of pharmacy for a Doctor of Pharmacy (Pharm.D.) degree. Once the student has successfully completed a minimum of sixty semester or ninety quarter hours of college work, the student can apply for an intern license by completing the following steps:

### **Step 1 – Intern Application**

Submit an application to the Board via Ohio's eLicense system ([https://elicense.ohio.gov/oh\\_homepage](https://elicense.ohio.gov/oh_homepage)). For more information on registering for an eLicense account [click here](#).

Please note that the initial \$45.00\* application fee is waived for all veterans (active duty & honorably discharged) and the spouses of active-duty veterans. The renewal fee of \$45.00\* is also waived for all veterans (active duty & honorably discharged) and the spouses of active-duty veterans.

**REMINDER:** Make sure to submit the required documentation in the Attachments page of the online application.

*\*All eLicense system transaction fees are also waived for eligible applicants.*

### **Step 2 – Verification of Enrollment Certificate**

A Verification of Enrollment Certificate must be sent directly from the accredited college of pharmacy to the Board office. A student is responsible for requesting this from their school.

### **Step 3 – Background Checks**

Complete Ohio Bureau of Criminal Investigation (BCI) and FBI background checks and fingerprinting completed by a Webcheck provider. Instructions and Webcheck locations are available on the Board's web site ([www.pharmacy.ohio.gov/background](http://www.pharmacy.ohio.gov/background)). The result of the background checks must be sent directly from BCI to the Board office.

### **Section 3: License Renewal Policies for Veterans and Spouses of Active-Duty Veterans**

The State of Ohio Board of Pharmacy will grant extension periods and waivers for the completion of license renewal requirements for active-duty veterans and their spouses. If a current pharmacy intern or their spouse is called to active duty for military service, the time period allowed for completion of license renewal will be extended by the amount of time that the intern or the intern's spouse was on active duty. An intern seeking an extension period or waiver must provide documentation to the Board (Attention: Director of Licensing) demonstrating the length of time of active-duty service.

#### **Required Documentation for License Renewal Extensions for Active Duty Veterans and Their Spouses**

**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; 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:**

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 Director of Licensing. Please contact the Board for more information.*

#### **Section 4: Additional Reports and Resources**

- [State of Ohio Board of Pharmacy Report to the Ohio Department of Veterans Services](#)
- [Ohio Department of Veterans Services](#)
- [Ohio Office of Workforce Transformation](#)
- [O\\*NET Online - Military Crosswalk Search](#)
- [GI Bill - Veterans Benefits Administration - United States Department of Veterans Affairs](#)
- [American Association of Colleges of Pharmacy](#)
- [U.S. Bureau of Labor Statistics – Pharmacists](#)