



Hospital Self-Service Employee Prescription Kiosk Installation Request Form

"Self-service employee prescription kiosk" or "kiosk" means a self-service kiosk for the pickup of new or refill prescriptions only for hospital employees and their family members.

Board of Pharmacy rules require a licensee's Responsible Person to submit a request for approval to the Board. Upon notification, the Board will conduct an inspection of the area where the kiosk shall be located and review system specifications to determine if it meets the requirements of this rule. This form is **not required** for kiosks that have already been approved.

This form must be submitted via email to: compliance@pharmacy.ohio.gov.

Part I – Licensee Information

Name of Licensee	TDDD License No.
Street Address	Name of Responsible Pharmacist (RP)
City	RP Contact Phone (xxx-xxx-xxxx)
Zip Code	RP E-Mail Address

NOTE: If requesting approval of the same system at multiple locations, please append a list to this form of all licensed locations where you are seeking approval. The list and this form must be uploaded as one file.

Part II – Kiosk Information

Name of System	Manufacturer	Requested Approval Date
Briefly describe the intended use of the kiosk, location of the kiosk, and the methods to prohibit or detect unauthorized access to the kiosk:		

This form must be submitted via email to: compliance@pharmacy.ohio.gov.

77 South High Street, 17th Floor, Columbus, Ohio 43215

