



**STATE OF
OHIO**
BOARD OF PHARMACY

Attestation Form - Pharmacist and Pharmacy Intern

To be used by Pharmacist or Pharmacy Intern applicants ONLY.

Part 1 – Applicant Information - *To be completed by the applicant.*

First Name	Last Name
Date of Birth	Social Security Number

Part 2 – Attestation by Applicant - *To be completed by the applicant. Must be manually signed in ink.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant	Date Signed
Print Applicant Name	

Pharmacist and Pharmacy Intern Attestation Form (Rev. 3/26/2018)

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