



## **Employer-Based Training Program Attestation**

**Updated 2/3/2025**

### **Instructions:**

- To be used by Registered or Certified Pharmacy Technician Applicants ONLY.
- This form may be used by pharmacies with an employer-based technician training program to comply with OAC [4729:3-3-02](#) (B)(4).
- This form must be submitted with an application in Ohio's [eLicense system](#).

# Employer-Based Training Program Attestation



**Board of  
Pharmacy**

**Instructions:** *To be used by Registered or Certified Pharmacy Technician Applicants ONLY. This form must be submitted with an application in Ohio's [eLicense system](#).*

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

<b>First and Last Name</b>	<b>Ohio Technician Registration Number (begins with 09)</b>
<b>Year of Birth (YYYY)</b>	<b>Last Four Digits of SSN</b>

## **Part 2 – Employer Information** – *To be completed by the applicant regarding their primary training location.*

<b>Employer Name</b>	<b>TDDD License No.</b>
<b>Employer Address (Include City, State, and Zip)</b>	<b>Date Technician Completed Training Program</b>

## **Part 3 – Attestation by the Responsible Person** - *To be completed by the responsible person (RP) of the pharmacy where the applicant was trained. The RP may sign using a digital or wet ink signature.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE APPLICANT LISTED IN PART 1 OF THIS FORM HAS SUCCESSFULLY COMPLETED AN EMPLOYER-BASED PHARMACY TECHNICIAN TRAINING PROGRAM AND DEMONSTRATES COMPETENCY TO SAFELY AND EFFECTIVELY PRACTICE AS A CERTIFIED OR REGISTERED PHARMACY TECHNICIAN AND THE ANSWERS PROVIDED ON THIS FORM ARE <b>TRUE, CORRECT, AND COMPLETE.</b>	
<b>Signature of Responsible Person</b>	<b>Date Signed</b>
<b>Print/Type Name of Responsible Person</b>	<b>Ohio Pharmacist License No.</b>
<b>Responsible Person Email Address</b>	<b>Contact Phone No. (include area code)</b>