



Attestation Form - Pharmacy Technician

To be used by applicants for registration as a pharmacy technician (Trainee, Registered, or Certified). This form must be submitted with an application in the [eLicense](#) system

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

First Name	Last Name
Year of Birth (YYYY)	Last Four Digits SSN

Part 2 – Attestation by Applicant - To be completed by the applicant. Must be manually signed in ink then uploaded with the application and submitted via eLicense. Forms submitted outside eLicense will not be accepted.

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	

