



Licensee or Registrant Self-Report Form

Updated 1/15/2025

To be used by a pharmacist, pharmacy intern, pharmacy technician trainee, registered pharmacy technician, or certified pharmacy technician for reporting information on criminal or disciplinary actions pursuant to rules [4729:1-4-02](#) (for pharmacists), [4729:2-4-02](#) (for pharmacy interns), and [4729:3-4-02](#) (for pharmacy technicians and trainees).

- For more information on pharmacist self-reporting, visit:
www.pharmacy.ohio.gov/PharmReport
- For more information on pharmacy intern self-reporting, visit:
www.pharmacy.ohio.gov/InternReport
- For more information on pharmacy technician self-reporting, visit:
www.pharmacy.ohio.gov/TechReport

Licensee or Registrant Self-Report Form



Instructions: This form and all supporting documentation must be submitted as a [Submit Additional Documentation](#) request via [eLicense Ohio](#).

Part 1 – Licensee or Registrant Information - Provide information on the licensee or registrant. The information must include a valid mailing and e-mail address where the licensee/registrant can be contacted.

Name (First and Last)	Ohio License or Registration #	
Street Address	City	Zip
Contact Phone #	E-mail Address	

Part 2 – Criminal/Disciplinary Action Information - If additional space is needed, you may attach additional pages. For certified pharmacy technicians only: skip to Section 3 of this form if reporting the failure to maintain a current pharmacy technician certification (PTCB or ExCPT).

Date of Occurrence	Type of Criminal/Disciplinary Action
State	County
Violation(s):	

Provide a detailed description of the disciplinary or criminal action. If additional space is needed, you may include additional pages.

Part 3 – FOR CERTIFIED PHARMACY TECHNICIANS ONLY - *To be completed by a certified pharmacy technician reporting the failure to maintain a current pharmacy technician certification (PTCB or ExCPT).*

Certification Type (select one)	Certification Number	Expiration Date of Certification
<p data-bbox="261 1581 326 1608">PTCB</p> <p data-bbox="402 1581 483 1608">ExCPT</p>		

If applicable, were there any extenuating circumstances that prevented you from renewing your certification?

Part 4 – Attestation by Licensee or Registrant - *To be completed by the licensee or registrant. Digital or wet ink signatures are acceptable.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED IN THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Licensee/Registrant

Date Signed

Print or Type Name

Part 5 – Submission of Additional Documentation - *Include with this form the official court record providing the outcome of your criminal conviction (commonly referred to as the entry of judgement or sentencing entry), record of arrest, or any documentation relating to a disciplinary action by a state or federal agency. Failure to include this information may result in administrative discipline for non-compliance.*

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