Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

Pharmacy Security Approval Request Form

Updated 6/25/2025

Rules <u>4729:5-5-23</u> (outpatient pharmacies) and <u>4729:5-9-02.2</u> (institutional pharmacies) of the Administrative Code require any new barricade used to secure a pharmacy to be approved by the Board.

To request approval, the Board of Pharmacy has developed the following form. The form must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select "Security Notification Form" as the document type.



Pharmacy Security Approval Request Form



Instructions: This form must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload.

Part I - Pharmacy Information

Name of Pharmacy Responsible Person (first,	last)		
Pharmacy Name	Ohio TDDD	Ohio TDDD License No.	
Street Address	City	Zip	
Phone (xxx-xxx-xxxx)	Email		
Anticipated Barricade Construction Start Date	Anticipated Barricade Completion Date		
Part II – Provide a brief description of w construction, moving to new location, e		uesting a barricade	approval (i.e.,