



OUT-OF-STATE PHARMACY PERSONNEL NOTIFICATION FORM

Pursuant to [Board guidance](#) issued on March 16, 2020 and updated on March 26, 2020, this notification form must be completed and submitted prior to any out-of-state pharmacist, pharmacy intern or pharmacy technician working in an Ohio pharmacy. Completed forms and any attachments must be submitted electronically as a single .PDF file using the Board's [document upload feature](#) (see detailed instructions at the end of this form).

PART 1 – PHARMACY INFORMATION – An Ohio-licensed pharmacy with multiple licensed locations may attach a list of the pharmacies where out-of-state personnel are expected to work.

Pharmacy Name	Pharmacy TDDD License Number
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PART 2 – OUT-OF-STATE PHARMACY PERSONNEL – Provide information about the out-of-state pharmacy personnel who are expected to work in your pharmacy. If more than three, you may attach a list that includes all the information required in this section.

First Name	Last Name	
License/Registration Type (i.e. Pharmacist/Intern/Technician)	State Personnel is Licensed/Registered	License/Registration Num.
Contact Phone of Personnel	Email Address of Personnel	

First Name	Last Name	
License/Registration Type (i.e. Pharmacist/Intern/Technician)	State Personnel is Licensed/Registered	License/Registration Num.
Contact Phone of Personnel	Email Address of Personnel	

First Name	Last Name	
License/Registration Type (i.e. Pharmacist/Intern/Technician)	State Personnel is Licensed/Registered	License/Registration Num.
Contact Phone of Personnel	Email Address of Personnel	

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



PART 3 – ATTESTATION – To be completed by the pharmacy's responsible person (RP) or a person who has the authority to sign on behalf of the pharmacy.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM AND ANY ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE. I FURTHER ATTEST THAT THE PHARMACY (OR PHARMACIES) LISTED IN THIS FORM MEET THE REQUIREMENTS OF THE [BOARD'S OUT-OF-STATE PHARMACY PERSONNEL GUIDANCE ISSUED ON MARCH 16, 2020 AND UPDATED MARCH 26, 2020](#), INCLUDING THE FOLLOWING:

- VERIFICATION THAT OUT-OF-STATE PERSONNEL ARE IN GOOD STANDING AND THAT SUCH VERIFICATION IS MAINTAINED IN ACCORDANCE WITH THE GUIDANCE;
- ANY OUT-OF-STATE PERSONNEL WILL BE APPROPRIATELY TRAINED TO COMPLY WITH THE REQUIREMENTS OF OHIO LAWS AND RULES GOVERNING THE PRACTICE OF PHARMACY AND THE DISTRIBUTION OF DANGEROUS DRUGS;
- OUT-OF-STATE PHARMACISTS AND INTERNS MAY ONLY PRACTICE UNDER THE SAME SCOPE OF PRACTICE AS AN OHIO LICENSED PHARMACIST OR INTERN; AND
- OUT-OF-STATE PHARMACY TECHNICIANS MAY ONLY PRACTICE UNDER THE SAME SCOPE OF PRACTICE AS OHIO REGISTERED PHARMACY TECHNICIANS UNLESS THEY HOLD A NATIONAL CERTIFICATION APPROVED BY THE BOARD (i.e. EXCPT OR PTCB).

Signature of the RP or Person Authorized to Sign on Behalf of the Pharmacy		Date Signed
Print or Type Full Name	Contact Email	Contact Phone (inc. area code)

Submission Instructions - Completed forms and any attachments must be submitted electronically as a single .PDF file.

Step 1: Visit www.pharmacy.ohio.gov/upload

Step 2: Enter the license number of the pharmacy and the licensee's security code. If you do not have your code, click [here](#). If you are submitting on behalf of multiple pharmacies (i.e. chain), you may submit your notification under any of the pharmacies listed in your submission.

Step 3: Enter the email address where you would like confirmation that the request has been submitted. You may enter multiple emails separated by a semicolon.

Step 4: Select "Out-of-State Pharmacy Personnel Notification Form" as your document type and upload your request as a single PDF file (including any attachments). Then click submit document.

Thank you for your patience and understanding during this public health event. For more information on the state's efforts to address COVID-19, visit www.coronavirus.ohio.gov or call 1-833-4-ASK-ODH.

STATE OF OHIO
BOARD OF PHARMACY

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