



## TECHNICIAN TRAINEE SUPERVISION WAIVER REQUEST

Pursuant to [Board guidance](#) issued on April 14, 2020, this request form must be submitted to obtain a temporary waiver to the pharmacy technician trainee ratio established in rule 4729:3-3-01 of the Administrative Code. Completed forms 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).

**IMPORTANT: An Ohio-pharmacy must submit one form per location.**

**PART 1 – TERMINAL DISTRIBUTOR INFORMATION** – Complete all the information for the licensed Ohio pharmacy.

Pharmacy Name	Terminal Distributor License No.	
Address of Pharmacy	City	Zip Code

**PART 2 – EXPLANATION OF NEED** – Provide a brief explanation of why the pharmacy is requesting a waiver.

**PART 3 – ATTESTATION** – To be completed by the pharmacy's responsible person. Electronic or digital signatures **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 INFORMATION PROVIDED IN THIS FORM IS TRUE, CORRECT, AND COMPLETE.

I FURTHER ATTEST THAT THE PHARMACY LISTED IN PART 1 OF THIS FORM WILL COMPLY WITH THE RESOLUTION AND [GUIDANCE ISSUED ON APRIL 14, 2020](#) AND ANY SUBSEQUENT UPDATES ISSUED BY THE BOARD OF PHARMACY, INCLUDING THE LIMITATION THAT PHARMACY TECHNICIAN TRAINEES ARE **NOT** PERMITTED TO CONDUCT ANY STERILE OR NON-STERILE COMPOUNDING IF THERE ARE MORE THAN THREE TRAINEES BEING SUPERVISED BY ONE PHARMACIST.

Signature of the Terminal Distributor's Responsible Person		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](http://www.pharmacy.ohio.gov/upload)

**Step 2:** Enter the license number of the terminal distributor and the licensee's security code. If you do not have your code, click [here](#).

**Step 3:** Enter the email address where you would like your waiver request approval/denial notification to be sent. You may enter multiple emails separated by a semicolon.

**Step 4:** Select "Technician Trainee Supervision Waiver Request" as your document type and upload your request as a single PDF file. Then click submit document.

**Step 5:** You will receive an email letting you know if your waiver request has been approved or denied within one to two business days.

The screenshot shows the 'DOCUMENT UPLOAD' page of the State of Ohio Board of Pharmacy. The page features a navigation menu with links for ABOUT, OARRS, PUBLICATIONS, LICENSING / CE, LAWS & RULES, LAW ENFORCEMENT, and FAQ. A search bar and a 'CONTACT US' button are located in the top right corner. The main content area includes a 'LOG OUT' button, user information (Name: Test Pharmacy License, License Number: 010000000, License Type: Terminal - Pharmacy - Category 3), and a form with fields for 'Email Address(s)' (containing 'error@ohiopmp.gov'), 'Document Type' (set to 'Technician Trainee Supervision Waiver Request'), and 'Select PDF File' (with a 'Choose File' button and 'No file chosen' text). A 'SUBMIT DOCUMENT' button is at the bottom.

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## DOCUMENT UPLOAD

Use the fields below to upload your license document(s)

Logged in as:  
Name: Test Pharmacy License  
License Number: 010000000  
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Select PDF File  No file chosen

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