



TEMPORARY OHIO PHARMACIST LICENSE REINSTATEMENT APPLICATION

Pursuant to [Board guidance](#) issued on April 3, 2020, this application must be completed and submitted in order to obtain a temporary pharmacist license. Completed applications must be emailed to: licensing@pharmacy.ohio.gov. Completed applications are generally processed within three business days.

PART 1 – PHARMACIST INFORMATION

First Name	Last Name	
Expired/Lapsed Ohio License No. (can be looked up using Ohio's eLicense system)		
Street Address	City	Zip code
Contact Email	Contact Phone (inc. area code)	

PART 2 – LEGAL & DISCIPLINARY QUESTIONS

In the last 3 years, have you been arrested for, or convicted of, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be reported regardless of whether the case has been sealed, reduced or dismissed or the equivalent thereof. NOTE: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D). Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed.	Yes	No
In the last 3 years, do you have any other record of arrest (not related to drug charges), charges, or have a conviction of a felony, misdemeanor or traffic violation (even if dismissed or sealed or the equivalent thereof in another jurisdiction)? Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed.	Yes	No
In the last 3 years, have you been the subject of disciplinary action as defined in rule 4729:1-1-01(H) of the Ohio Administrative Code by any state or federal agency or other jurisdiction; even if subsequently dismissed or resolved without formal discipline?	Yes	No

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PART 3 – ATTESTATION - To be completed by the applicant. 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 APPLICATION IS TRUE, CORRECT, AND COMPLETE.

I FURTHER ATTEST THAT I WILL COMPLY WITH THE [WAIVER AND GUIDANCE](#) ISSUED ON APRIL 3, 2020 AND ANY SUBSEQUENT UPDATES ISSUED BY THE BOARD OF PHARMACY, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- A PHARMACIST LICENSE THAT IS ISSUED PURSUANT TO THIS APPLICATION WILL EXPIRE ON JULY 30, 2020.
- A PHARMACIST THAT WISHES TO PRACTICE AFTER JULY 30, 2020 MUST COMPLY WITH THE BOARD'S STANDARD REINSTATEMENT REQUIREMENTS.
- A PHARMACIST THAT RECEIVES A TEMPORARY PHARMACIST LICENSE SHALL BE SUBJECT TO THE SAME DISCIPLINARY MEASURES SET FORTH IN SECTIONS 4729.16 AND 3719.121 OF THE REVISED CODE, INCLUDING SUMMARY SUSPENSION OF THE PHARMACIST'S LICENSE SHOULD THE BOARD BE PRESENTED WITH CLEAR AND CONVINCING EVIDENCE OF A DANGER OF IMMEDIATE AND SERIOUS HARM TO OTHERS.

Signature of the Applicant

Date Signed

Print or Type Full Name

Submission Instructions - Completed applications must be emailed to: licensing@pharmacy.ohio.gov.

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