

Pharmacist Nicotine Replacement Therapy Course and Screening Tool Approval Request

Updated 1/17/2025

OAC [4729:1-3-07](#) provides the standards for dispensing nicotine replacement therapy (NRT) by pharmacists pursuant to a physician-approved protocol. To be eligible to dispense NRT pursuant to the protocol, a pharmacist must:

- Successfully complete a course on nicotine replacement therapy that is taught by a provider that is accredited by the [Accreditation Council for Pharmacy Education](#), or another provider approved by the State Board of Pharmacy; and
- Utilize a screening procedure recommended by the U.S. Centers for Disease Control and Prevention or another organization approved by the Board to determine if an individual is a good candidate to receive nicotine replacement therapy.

To assist licensees in complying with the provisions of the rule and its authorizing statute (ORC [4729.284](#)), the Board developed the following frequently asked questions document that can be accessed by visiting: www.pharmacy.ohio.gov/NRT.

A provider seeking Board approval of a training course or patient screening procedure, must complete the following form starting on the next page and submit all supporting documentation.

Currently, there are no Board approved courses or screening procedures. However, there are several courses and screening procedures listed on the CDC website that meet the requirements of the rule:

- **Training Courses:** <https://www.cdc.gov/tobacco/patient-care/education-training/index.html>
- **Screening Tools:** <https://www.cdc.gov/tobacco/patient-care/clinical-tools/index.html>

The Board strongly encourages pharmacists to dispense NRT utilizing the existing resources available from CDC. Applicants seeking approval for a training course or screening tool will have to demonstrate why such resources cannot be utilized by existing licensees.

Completed forms, along with supporting documentation, must be submitted electronically to: contact@pharmacy.ohio.gov.

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Instructions: Completed forms, along with supporting documentation, must be submitted electronically to: contact@pharmacy.ohio.gov.

Part I – Provider Information

Name of organization, individual, institution, association, corporation, or agency seeking approval:		
Street Address		City, State
		Zip
Provider Contact Person	Contact Phone Number	Email Address
Select the type of program (select all that apply):		
Training Course Screening Tool		

Part II – Training Course Approval – Leave blank if not requesting training course approval. If additional space is needed, please attach to the application prior to submission.

Name of course	How long has this course been offered?

State the goals and educational objectives of the course.

Describe how the course meets the requirements of the rule.

Describe the review process that the course undergoes to ensure it is accurate and reflects the best available science?

Provide an explanation of why your course differs and/or supplements existing ACPE courses available?

How are course participants evaluated?

Describe the method of delivery for the course (online, video, in-person, etc.)?

What system will be used for the maintenance and availability of records of participation in the training course?

Please attach all training materials (slides, handouts, sample certificate of completion, etc.) associated with the course. Failure to include these materials will delay the review of your request.

Part III – Screening Tool Approval – *Leave blank if not requesting approval of a screening tool. If additional space is needed, please attach to the application prior to submission.*

Name of screening tool	When was the screening tool released (provide most recent revision date)?
Describe how the screening tool meets the requirements of the rule.	
Provide an explanation of why your course differs from existing screening tools?	
How was the tool developed (subject matter experts, literature review, etc.) and how often is the tool reviewed to ensure it reflects the best available science?	

Please attach all documentation associated with the screening tool. Failure to include these materials will delay the review of your request.

Part IV - Attestation of Applicant – *Must be signed by the individual representing the organization, individual, institution, association, corporation, or agency seeking approval. 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 ON THIS FORM AND ANY ACCOMPANYING MATERIALS SUBMITTED TO THE STATE BOARD OF PHARMACY ARE TRUE, CORRECT, AND COMPLETE.	
Signature of Applicant	Date Signed
Print Name	Job Title

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