



Pharmacy Technician Trainee Extension Request Form

On May 6, 2019, the Board approved a one-time, six (6) month extension of a pharmacy technician trainee's registration for the following reasons:

- Medical leave/absence.
- Initial employment or change in employment four (4) months prior to the expiration of a trainee's registration.
- Failure to pass an employer-based training program examination.
- Failure to obtain a pharmacy technician certification from an organization that has been recognized by the board.
- Active enrollment in an ASHP accredited pharmacy technician training program.
- Enrollment in a school of pharmacy anticipated within six (6) months of expiration of a trainee's registration.

The form must be signed (wet ink), scanned and submitted via your [eLicense Ohio Dashboard](#). A [guidance document](#) for submitting the form can be accessed [here](#).

Part I – Pharmacy Technician Trainee Information

Pharmacy Technician Trainee Name	Pharmacy Technician Trainee Registration Number
E-mail Address	Registration Expiration Date

Part II – Employment Information

Name of Pharmacy	Ohio Terminal Distributor License Number (beginning with 02)
Pharmacy Address (Street, City, State, Zip)	Name of Pharmacy's Responsible Person

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- For State of Ohio Board of Pharmacy Use Only -		
Approved By:	Date Approved:	New Exp. Date:
Comments:		



Part III – Reason for Extension and Explanation – Select One

- Medical Leave/Absence** (please include duration of leave below)
- Initial/Change of Employment** (please indicate date of hire below)
- Failure to pass an employer-based training program examination**
- Failure to obtain a national pharmacy technician certification (PTCB/ExCPT)**
- Active enrollment in an ASHP accredited pharmacy technician training program.**
- Enrollment in a school of pharmacy anticipated within six (6) months.**
- Application for Registered or Certified Pharmacy Technician has been submitted to the Board but has not been processed/issued.**

Please explain your selection above. Include all applicable information and dates of leave, hire, or examination attempts.

Part IV – Responsible Person Attestation - *Must be signed in wet ink*

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 ARE **TRUE, CORRECT, AND COMPLETE.**

Responsible Person Signature	Date Signed
Printed Name	Responsible Person's License Number

Part V – Pharmacy Technician Trainee Attestation - *Must be signed in wet ink*

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 ARE **TRUE, CORRECT, AND COMPLETE.**

Technician Signature	Date Signed
Printed Name	Technician's Date of Birth

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