



Outpatient Pharmacy Electronic Positive Identification Waiver Request Form

Updated 6/27/2025

Effective January 15, 2027, amendments to OAC [4729:5-5-04](#) will require, with limited exceptions, that all **Ohio outpatient pharmacies** adopt electronic positive identification as part of the pharmacy's record keeping system. This means that once effective, the rule will not permit the use of hardcopy records and manual signatures to capture positive identification except for the following:

- Compounding and the dispensation of compounded drugs; and
- Ancillary services as defined in rule [4729:5-5-02.1](#) of the Administrative Code.

IMPORTANT: This change does not impact institutional pharmacies (except those that operate outpatient pharmacies), non-resident pharmacies, and other terminal distributors (EMS, clinics, OTPs, etc.).

To review the upcoming amendments to the rule, visit:

www.pharmacy.ohio.gov/positiveIDchange.

Waiver Request Process

A waiver of the requirement for electronic positive identification may be granted by the Board upon written request of an outpatient pharmacy. All requests must be submitted in writing using this form.

IMPORTANT: Waivers will not be considered for review until January 1, 2026. Waiver requests submitted prior to this date **will not** be reviewed.

NOTE: The Board reserves the right to request additional information and documentation to render a decision as to whether to grant a waiver. Waivers will be granted on a limited basis and requests that do not include all the required information will not be reviewed by Board staff.

In making a determination to grant a waiver, the Board is required to consider all of the following:

- (1) Whether the requirement to implement electronic positive identification will be cost prohibitive so as to impact the continued viability of the business;
- (2) The average number of dangerous drugs dispensed at the pharmacy to determine the reliability of a non-electronic method of positive identification;
- (3) The results of an inspection authorized in accordance with OAC [4729:5-3-03](#); and
- (4) A review of past disciplinary actions taken against the pharmacy, or against an individual while employed by the licensee, that are based, in whole or in part, on drug security, record keeping violations, errors in dispensing, and/or any other disciplinary actions deemed relevant to the Board's analysis.

Outpatient Pharmacy Electronic Positive Identification Waiver Request Form



Instructions: This form must be submitted electronically via email to: contact@pharmacy.ohio.gov. If submitting on behalf of multiple Ohio pharmacies, duplicate this form each pharmacy location. **IMPORTANT: The Board will not consider any waivers requests submitted prior to January 1, 2026.**

Part I – Pharmacy Information

Name of Pharmacy Responsible Person (first, last)		
Pharmacy Name	Ohio TDDD License No.	
Street Address	City	Zip
Responsible Person Phone (xxx-xxx-xxxx)	Responsible Person Email	
Average Daily Number of Prescriptions in the Previous 90-Days (e.g., total scripts in the past 90 days divided by 90)		
Name of Pharmacy Dispensing Software		
Description of Positive Identification Currently Utilized by Pharmacy		

Part II – Proof of Economic Hardship – *By rule, the pharmacy must demonstrate that the requirement of electronic positive identification would impose an undue economic hardship and that the proposed system of recording positive identification is sufficient to ensure safety to the public and to patients given the pharmacy's prescription volume and staffing. Provide a detailed statement demonstrating these requirements using the space below.*

Part III – Attestation by the Pharmacy’s Responsible Person - *To be completed by the licensee’s Responsible Person (may be signed using a digital or wet ink signature).*

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. I FURTHER ATTEST THAT THE PHARMACY LISTED IN THIS FORM WILL COMPLY WITH ALL REQUIREMENTS OF 4729:5-5-04 OF THE OHIO ADMINISTRATIVE CODE.

Signature of Responsible Person

Date Signed