



Pharmacy Security Approval Request Form

Rules [4729:5-5-23](#) (outpatient pharmacies) and [4729-9-11](#) (institutional pharmacies) of the Administrative Code require any new barricade used to secure a pharmacy to be approved by the Board.

To request approval, the Board of Pharmacy has developed the following form. The form must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select "**Security Notification Form**" as the document type.

Part I – Pharmacy Information

Name of Pharmacy Responsible Person (first, last)		
Pharmacy Name	Ohio TDDD License No.	
Street Address	City	Zip
Phone (xxx-xxx-xxxx)	Email	
Anticipated Barricade Construction Start Date	Anticipated Barricade Completion Date	

Part II – Provide a brief description of why you are requesting a barricade approval (i.e. construction, moving to new location, etc).

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