



Pharmacist Emeritus Status Request Form

Revised 4/30/2026

Rule [4729:1-2-10](#) of the Ohio Administrative Code permits a pharmacist to place their license into emeritus status. This rule is intended to permit a pharmacist who retires from the practice of pharmacy to maintain their license as an emeritus pharmacist.

By placing a license into emeritus status, a pharmacist agrees to the following terms:

- The pharmacist is no longer permitted to engage in the practice of pharmacy in this state.
- Upon issuance of an emeritus designation, a license authorizing the person to practice pharmacy shall be considered void and may only be renewed or reinstated in accordance with the standard renewal or reinstatement process.

For a pharmacist to qualify for emeritus status, they must meet the following requirements:

1. Is currently or has been licensed to practice pharmacy in this state for at least ten years;
2. Is retired from the practice of pharmacy;
3. Is in good standing*;
4. Is at least sixty years old or has held a license to practice pharmacy in Ohio for at least thirty years; and
5. Has applied for an emeritus designation using the form on the next page of this document.

*In good standing means a pharmacist to which **all** the following apply at the time of their emeritus application: (a) Does not have a board order restricting the privilege of supervising interns; (b) Has not been denied a license, registration or certificate by any public agency or

licensing agency; (c) Does not have a license, registration or certificate limited, suspended, or revoked by any public agency or licensing agency.

IMPORTANT REMINDERS ABOUT EMERITUS STATUS:

- The continuing education requirements of [Chapter 4729:1-5](#) of the Administrative Code are not applicable to an emeritus pharmacist.
- An emeritus pharmacist shall not be subject to the licensure renewal requirements or renewal fees.
- An emeritus pharmacist is no longer permitted to engage in the practice of pharmacy.
- There is no fee associated with the submission of this form.

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Instructions: This form must be submitted as a [Submit Additional Documentation](#) request via eLicense Ohio or may be emailed to: licensing@pharmacy.ohio.gov.

Part 1 – Emeritus Pharmacist Information

First Name	Last Name
Date of Birth (MM/DD/YYYY)	Ohio Pharmacist License No.

Part 2 – Attestation by Emeritus Applicant - *To be completed by the emeritus applicant. 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 I MEET THE REQUIREMENTS SET FORTH IN RULE 4729:1-2-10 OF THE OHIO ADMINISTRATIVE CODE AND HEREBY REQUEST MY PHARMACIST LICENSE BE PLACED INTO EMERITUS STATUS.	
I FURTHER ACKNOWLEDGE THAT BY SUBMITTING THIS FORM, MY LICENSE WILL BE PLACED INTO AN INACTIVE STATUS THAT WILL NOT PERMIT ME TO ENGAGE IN THE PRACTICE OF PHARMACY PURSUANT TO CHAPTER 4729. OF THE OHIO REVISED CODE AND THAT MY LICENSE MAY ONLY BE RENEWED/REINSTATED IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN CHAPTER 4729:1-2 OF THE OHIO ADMINISTRATIVE CODE.	
Signature of Applicant	Date Signed
Print or Type Name	

This form must be submitted as a [Submit Additional Documentation](#) request via eLicense Ohio or may be emailed to: licensing@pharmacy.ohio.gov.