OHIO STATE BOARD OF PHARMACY; 77 S. HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126
Tel: 614/466-4143 *Fax:* 614/752-4836 *Eml:* licensing@bop.state.oh.us *Web:* www.pharmacy.ohio.gov

2009 CONTINUING PHARMACY EDUCATION REPORTING FORM

COMPLETED FORM MUST BE RETURNED BY 5/15/2009

License No.: 03-3-_____

Name:
Address:
City, State, ZIP:

This is your year to report your CPE experiences. **Submission of the form after May 15, 2009, will result in an automatic audit of the pharmacist's Continuing Education experiences**.

Failure to satisfy the requirements of Continuing Pharmacy Education (i.e., insufficient CEU's, non-approved jurisprudence, certificates dated after date this form is signed) during an audit *will result in Board action* with penalties that may include fines and/or reprimands. **It is YOUR responsibility to verify that your jurisprudence programs are Board approved.** A list of Board approved jurisprudence programs can be found on the Board's website (www.pharmacy.ohio.gov) for your review.

You must place an 'X' in the box next to only one of the following statements and then sign, date, and return this form to the address above. **DO NOT SEND ANY CERTIFICATES AT THIS TIME!**

☐ **In-State pharmacists who have a current and valid Ohio pharmacist license:** I declare under penalties of falsification that I have completed and received certificates of completion or attendance for at least 6.0 C.E.U.s (60 hours) including at least 0.3 C.E.U.s (3 hours) of Ohio Board approved jurisprudence between the dates of March 1, 2006 and the date this form is signed. (If this form is submitted after May 15, 2009, certificates must be dated within three years of submission date.)

☐ I am licensed as a pharmacist in the state of Ohio and I declare under penalties of falsification that I have completed and received certificates of completion or attendance for at least 0.3 C.E.U.s (3 hours) of Ohio Board approved jurisprudence between the dates of March 1, 2006 and the date this form is signed and have met the requirements of and am currently certified by a Board approved pharmacy practice specific specialty certification program as follows:

Board of Pharmaceutical Specialties in: [DATE OF LAST EXAM: _____ (←Must be filled in.)]

☐ Nuclear Pharmacy ☐ Oncology Pharmacy ☐ Pharmacotherapy Pharmacy
☐ Commission for Certification in Geriatric Pharmacy ☐ Psychiatric Pharmacy
☐ Certified Specialist in Poison Information ☐ Nutrition Support Pharmacy

☐ **Out-of-State pharmacists who have a current and valid Ohio pharmacist license and DO NOT hold a current pharmacist license in another state:** I declare under penalties of falsification that I have completed and received certificates of completion or attendance for at least 6.0 C.E.U.s (60 hours) including at least 0.3 C.E.U.s (3 hours) of Ohio Board approved jurisprudence between the dates of March 1, 2006 and the date this form is signed. (If this form is submitted after May 15, 2009, certificates must be dated within three years of submission date.)

☐ **Out-of-State pharmacists who have a current and valid pharmacist license in another state:** I declare under penalties of falsification that I hold a current and valid pharmacist license in the state of _____, with license number _____, that I have met the continuing pharmacy education requirements of this state, and that I do not presently practice pharmacy in the state of Ohio. I hereby agree to immediately notify the Ohio State Board of Pharmacy if I return and commence the practice of pharmacy in the state of Ohio.

STATEMENT OF APPLICANT: (MUST BE COMPLETED, SIGNED & DATED OR REPORT FORM WILL BE REJECTED!)

I CERTIFY THE CONTINUING PHARMACY EDUCATION INFORMATION LISTED ABOVE TO BE TRUE AND ACCURATE AS REQUIRED BY SEC. 2921.13(A) OF THE OHIO REVISED CODE.

_____ **, RPH** **DATE:** _____

COMPLETION OF THIS FORM IS REQUIRED BY SEC. 4729.12, O.R.C.
MAXIMUM PENALTY: DENIAL OF PHARMACIST IDENTIFICATION CARD