



English Proficiency Attestation Document

Part 1 – Applicant Information - *To be completed by the applicant.*

First Name	Last Name
Date of Birth	Social Security Number
Contact Phone Number (including area code)	E-mail Address
Name of Employer	Employer's Address

Applicant for registration as a (select only one):

- Technician Trainee
- Registered Pharmacy Technician
- Certified Pharmacy Technician

Part 2 – Attestation by the Responsible Person - *To be completed by the responsible person (RP) of the pharmacy where the applicant is currently employed. Must be manually signed in ink. Digital signatures will **NOT** be accepted.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE **APPLICANT LISTED IN PART 1 OF THIS DOCUMENT POSSESSES THE NECESSARY PROFICIENCY IN THE ENGLISH LANGUAGE TO SAFELY PRACTICE AS A PHARMACY TECHNICIAN IN THIS STATE.**

Signature	Date Signed
Print or Type Name	Ohio Pharmacist License Number
TDDD License Number	Contact Phone Number (including area code)

