



Technician Trainee Employment Verification Form

To be used by Pharmacy Technician Trainee Applicants ONLY.

This form should only be used to verify that a pharmacy technician trainee applicant has been employed continuously since before April 8, 2009 as a pharmacy technician without a high school diploma, GED or foreign school diploma equivalent to a U.S. high school diploma. For more information on submitting this form, please refer to Section 3 of the application instructions for [pharmacy technician trainees](#).

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

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

Part 2 – Verification of Technician Trainee Employment - 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 FOR A PHARMACY TECHNICIAN TRAINEE REGISTRATION HAS BEEN EMPLOYED CONTINUOUSLY SINCE BEFORE APRIL 8, 2009, AS A PHARMACY TECHNICIAN WITHOUT A HIGH SCHOOL DIPLOMA OR CERTIFICATE OF HIGH SCHOOL EQUIVALENCE AND THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.	
Signature	Date Signed
Print or Type Name	Ohio Pharmacist License Number
TDDD License Number	Contact Phone Number (including area code)

