



Veteran Workforce Verification Form – Pharmacy Technicians

Upload the completed form and attachments as a single PDF file to:
www.pharmacy.ohio.gov/upload

Definition of a Veteran: "Veteran" means anyone who is serving or has served under honorable conditions in any component of the armed forces, including the national guard and reserve.

Definition of Armed Forces: "Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

First Name		Last Name	
Social Security Number		Email Address	
Military Service Branch (select one)	Service Start Date:	Service End Date (if applicable):	

Please include the following documentation with this form to obtain an application fee refund and renewal fee waiver:

For an Honorably Discharged Veteran: Applicant must submit an unedited ("long") copy of a DD-214 form.

For an Active Duty Veteran: Applicant must submit one of the following:

1. A letter from the individual's commanding officer (on letterhead) certifying that the applicant is on active duty status;
2. A copy of the most recent permanent change of station orders; or
3. Active duty orders.

IMPORTANT! This form and the documentation listed above MUST be submitted as one PDF (Adobe Acrobat Format) document. For more information on submitting this documentation, please review the appropriate application instructions on the pharmacy technician page: www.pharmacy.ohio.gov/technician

