



VETERAN WORKFORCE VERIFICATION FORM

Please upload completed form and attachments to:
<https://www.pharmacy.ohio.gov/Licensing/DocumentUpload.aspx>.

Definition of a Veteran: "Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

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.

1. Please select the ONE that applies:

- I am actively serving in the military
 I have been honorably discharged from the military
 My spouse/partner is actively serving in the military (if checked, also answer questions 2 & 3)

2. Spouse First Name:

3. Spouse Last Name:

4. Military Country of Service:

5. Veteran's Social Security Number

6. Military Service Branch: (please check one)

- Air Force Air Force Reserve Army Army Reserve U.S. Public Health Service
 Coast Guard Coast Guard Reserves Marine Marine Reserve Merchant Marines
 National Guard Air National Guard Army Navy Navy Reserve

7. Military Service Start Date:

8. Military Service End Date:



9. Required Documentation:

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

5. A letter from the individual's commanding officer (on letterhead) certifying that the applicant is on active duty status; *or*
6. A copy of the applicant's Armed Forces identification card that shows active duty status (cards issued after April 1, 2005, will not indicate status so these applicants will have to provide an alternate form of documentation); *or*
7. A copy of the most recent permanent change of station orders or active duty orders.

-For a Spouse/Partner of an Active Duty Veteran:

1. A copy of your spouse's/partner's most recent permanent change of station orders; *or*
2. A copy of your spouse's/partner's Armed Forces identification card that shows active duty status (cards issued after April 1, 2005, will not indicate status so these applicants will have to provide an alternate form of documentation); *or*
3. A letter from your spouse's/partner's commanding officer (on letterhead) certifying the length of time of active duty;
4. AND a copy of your spousal military license or other documentation if not available.

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

-If they are unable to produce the required documentation, the Board may accept other forms of documentation at the discretion of the Licensing Administrator.

Required Documentation will be sent by: Enclosed Email Fax Separate Mailing