



Veteran Workforce Verification Form

This form must be submitted with an application or renewal in the [eLicense](#) system.

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.

The renewal fee for a pharmacist license is waived for active duty veterans, their spouses and honorably discharged veterans up to five years after discharge date.

IMPORTANT: This form and the required documentation listed above MUST be submitted as one PDF (Adobe Acrobat Format) document.

77 South High Street, 17th Floor, Columbus, Ohio 43215

