



OHIO LICENSURE AS A PHARMACIST BY RECIPROCITY (6/26/2014)

EVERY APPLICANT FOR PHARMACIST LICENSURE IN OHIO, BY RECIPROCITY, SHALL:

- (1) Be at least eighteen (18) years of age.
- (2) Be of good moral character and habits.
- (3) Have obtained a degree in Pharmacy from a school of pharmacy program approved by the Board in the year that the applicant graduated.
NOTE: Graduates of foreign schools of pharmacy seeking the requirements for licensure as a pharmacist in Ohio should go to the Board's Web site [www.pharmacy.ohio.gov], click on "Registration & Licensing," and then click on "Ohio Licensure of Foreign Graduates."
- (4) Have satisfactorily completed at least 1,500 hours of approved internship in Ohio or any other state in which the credentials are at least the equivalent of those required by the Ohio Board at the time the experience was obtained or graduated from an approved school of pharmacy with a Doctor of Pharmacy degree after December 31, 2006.
NOTE: When the reciprocating state requires less than 1,500 hours of approved internship, the State of Ohio Board of Pharmacy may grant internship credit for practice as a pharmacist.
- (5) Hold an active license to practice pharmacy which is in good standing in a state in which the credentials are at least the equivalent of those then required by the Ohio Board.
 - (a) Certification of these credentials shall be filed on forms provided by the National Association of Boards of Pharmacy (NABP).
 - (b) Ohio reciprocates with all states that reciprocate with Ohio. California pharmacists who successfully completed NAPLEX after January 1, 2004, are eligible for licensure in Ohio by reciprocity. Florida pharmacists who successfully completed NAPLEX after June 26, 1979, are eligible for licensure in Ohio by reciprocity.
- (6) Personally appear before the Ohio Board, within six months of the date that the application is filed with the Board, before receiving an identification card to practice pharmacy in Ohio.

Criminal Background Checks (4729.071 ORC)

Pursuant to 4729.071 and 4776.02 of the Ohio Revised Code, the State of Ohio Board of Pharmacy may not issue an initial license to practice pharmacy until the applicant has submitted a request to the Bureau of Criminal Identification and Investigation (BCI & I) for a criminal records check of the applicant. The records check must also include a request for information from the Federal Bureau of Investigation (FBI). The results of criminal records checks are not public records and shall not be made available to any person other than the licensing agency and the applicant or their representative (4776.04 ORC).

The criminal records check must be completed in Ohio. The criminal records check may be completed before or after the Reciprocity Hearing. It is suggested that applicants coming to the hearing from out-of-state may want to arrive early and submit their fingerprint impressions in the morning before the Reciprocity Hearing. Please see the criminal records



check summary on the Board's website for additional information including a listing of agencies that will take electronic fingerprint impressions for this check. Procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. You may also obtain a copy of your results by contacting the BCI office where you submitted your test. For your convenience, the BCI phone number is 1-877-224-0043 Option 7.

Procedures For Reciprocating To Ohio:

- (A) The reciprocity process starts by going to the NABP website (www.nabp.net) and clicking on "Licensure Programs." Select "Licensure Transfer" from the drop-down menu.
- (B) Once NABP has completed the processing of the Preliminary Application, NABP will forward an Official Application for Transfer of Pharmacist Licensure to the applicant.
 - (1) After completing the "Affidavit" and "Moral Character Voucher" sections on the *Official Application*, as well as attaching two recent photographs, the applicant must mail the completed *Official Application* to the State of Ohio Board of Pharmacy with the required fee of \$337.50 made payable to the "Treasurer, State of Ohio". If you are a veteran (including active duty) or the spouse/partner of an active duty veteran, please see form 201-V for a fee waiver.
 - (2) If the applicant wishes to withdraw the Official Application from consideration, the Board office must receive a written request (must include the applicant's Social Security Number for processing purposes) within six months of the date the Application is filed with the Board to receive a fifty per cent refund of the fee remitted.
- (C) If the Board determines that the Application is complete and the applicant qualifies for licensure as an Ohio pharmacist by reciprocity, the applicant receives a letter to appear at the next scheduled Reciprocity Hearing.
 - (1) In order to complete licensure by reciprocity, the applicant must personally appear before the State of Ohio Board of Pharmacy at a Reciprocity Hearing within the six-month time limitation. The applicant must confirm either verbally or in writing with the Board office, no later than two working days before the Hearing, the applicant's attendance at the Hearing.
 - (2) If the applicant cancels or postpones to the next Hearing, it will be the applicant's responsibility to contact the Board office to arrange for attendance at a Reciprocity Hearing within six months of the date that the Application was filed with the Board. Reciprocity Hearings are held during each regularly scheduled Board meeting. (Calendar is available on website.)
 - (3) A candidate who does not appear before the Board within the six-month period must file a new application and fee for licensure by reciprocity.
 - (4) A candidate must go to an approved Web Check (BCI & FBI) provider agency to provide fingerprints electronically for a criminal records check. This must be done in Ohio and can be done on the day of or before the day of the Reciprocity Hearing.

(D) The license (pocket identification card) to practice pharmacy in the state of Ohio will be mailed to the reciprocity applicant once the results of the Criminal Records Request have been received and approved in the Board office. The Certificate of Licensure (wall certificate) is mailed when it is received from the printer. Processing time is approximately six to eight weeks.

ALL APPLICATIONS FOR LICENSURE TO PRACTICE PHARMACY IN OHIO MUST BE MADE UNDER OATH BEFORE A QUALIFIED OFFICER. It is a Misdemeanor of the First Degree for any person to make a false statement under oath for the purpose of securing licensure for him/herself or for another person. Certificates of Licensure obtained by fraud or upon false representation may be revoked by the Board.

YOU MAY NOT PRACTICE AS A PHARMACIST IN OHIO UNLESS YOU HOLD A CURRENT OHIO LICENSE TO PRACTICE. It is a Misdemeanor of the Third Degree to practice pharmacy in Ohio without a current Ohio license (identification card). A monetary penalty of \$500.00 may be imposed by the Board for each day of practice without a license, and a person may also be imprisoned for not more than 60 days for each day's violation.

APPLICATION PROCEDURE SUMMARY
RECIPROCITY LICENSING

*** NABP PROCEDURE ***

(Approximate Time Frame: 4-6 weeks)

- 1) Go to the NABP website (www.nabp.net) and click on "Licensure Programs." Select "Licensure Transfer" from the drop-down menu.
- 2) Applicant completes and submits Preliminary Application with fee (\$300.00) on-line or by hard copy.
- 3) NABP processes the Preliminary Application by checking with each state Board where the applicant is or has been licensed. Once processing is complete, NABP will issue the applicant the Official Application for Transfer of Pharmacist Licensure.

*** OHIO PROCEDURE ***

(Approximate Time Frame: 4-6 weeks)

- 1) Within 90 days, the applicant will submit the Official Application to the State of Ohio Board of Pharmacy along with a fee of \$337.50 by check or money order. The applicant must also submit two recent photographs and the moral character voucher (may not be signed by spouse). If you are a veteran (including active duty) or the spouse of an active duty veteran, please see form 0201-V for a fee waiver.
- 2) If the Ohio Board determines the application is complete and the applicant qualifies for license as an Ohio pharmacist, the applicant is scheduled to personally appear at the next Reciprocity Hearing. Reciprocity Hearings are conducted each month. A schedule of Hearing dates can be found on the Board's website.
- 3) The applicant is required to confirm and personally appear at a Reciprocity Hearing within six months of Board approval. Applicants not appearing at a Reciprocity Hearing within the six-month time frame must start the process again with NABP.
- 4) Submit electronic fingerprints at a Web Check (BCI & FBI) provider in Ohio and request a criminal records check. This may be done before, the day of, or after the date of the Reciprocity Hearing. The initial license to practice pharmacy in Ohio will not be issued until the Board has received the criminal records check information. Please refer to the "Criminal Records Check" summary on the Board's website for directions, including a listing of agencies that will take electronic fingerprint impressions for this check.



FORM #0201-V: VETERAN WORKFORCE VERIFICATION FORM

Please complete the following if you are applying for waiver of the licensure fee.

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