



OHIO LICENSURE AS A PHARMACIST BY RECIPROCITY

UPDATED 12/07/2017

4729:1-2-02 - CRITERIA FOR LICENSURE BY RECIPROCITY

(A) An applicant seeking licensure as a pharmacist by reciprocity shall comply with all the following:

- (1) Be at least eighteen years of age.
- (2) Be of good moral character and habits.
- (3) Obtain a degree in pharmacy from a school of pharmacy approved by the state board of pharmacy.
- (4) Have met the applicable practical experience requirements by either:
 - (a) Successfully graduating after December 31, 2006 with a doctor of pharmacy degree (Pharm.D.) from a school of pharmacy approved by the state board of pharmacy; or
 - (b) Obtaining a total of at least one thousand seven hundred and forty hours of documented supervised practical experience in Ohio or any other state or jurisdiction in which the credentials are at least the equivalent of those required by this state at the time the experience was obtained. If the reciprocating state or jurisdiction requires less than the required hours, the board may grant internship credit for practice as a pharmacist.
- (5) Hold an active license or registration to practice pharmacy, which is in good standing, in a state or jurisdiction in which the credentials are at least the equivalent of those required by this state. Certification of these credentials shall be filed on forms provided by the national association of boards of pharmacy (NABP) or similar forms recognized and approved by the board.

(B) An applicant who has met the requirements of the state or jurisdiction with which the applicant holds a certificate of good standing pursuant to a "Foreign Pharmacy Graduate Examination Commission (FPGEC)" certificate shall be required to establish proficiency in spoken English by providing evidence of the successful completion of the "Test of English as a Foreign Language, Internet-based test" (TOEFL iBT) pursuant to rule [4729:1-2-04](#) of the Administrative Code.

(C) Candidates who qualify for licensure by reciprocity shall personally appear before the full board within six months of the date that the application is filed with the board. Candidates who do not appear before the board within the six-month period must file a new application and fee for licensure by reciprocity, as the original application shall be deemed abandoned.

(D) Pursuant to section [4729.071](#) of the Revised Code, a candidate must submit electronic or ink fingerprint impressions for a criminal records check prior to receiving an initial license to practice as a pharmacist. A reciprocity candidate must submit fingerprint impressions no later than twelve months after the date the board receives the application materials. After twelve months, a candidate must



submit a new application, the required fee, fingerprint impressions, and again personally appear before the board as described in this paragraph (C) of this rule.

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) 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:

***** NABP PROCEDURE *****

(Approximate Time Frame: 4-6 weeks)

1. The reciprocity process starts by going to the NABP website (<https://nabp.pharmacy>) and clicking Select "Licensure Transfer".
2. Applicant completes and submits Preliminary Application with fee (\$375.00) on-line by credit card only.
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.
 - (a) 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.
 - (b) 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.

*** 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 the attached Veteran Workforce Verification Form for a fee waiver.
2. 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.
 - a. 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.
 - i. 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 the Board's homepage.)

WELCOME TO THE STATE OF OHIO BOARD OF PHARMACY

Thank you for visiting our website. The State of Ohio Board of Pharmacy is the single state agency in Ohio responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs. Here you'll find information and resources to assist healthcare professionals, law enforcement and the public in understanding Ohio's drug laws.

-- Steven W. Schierholt, Esq., Executive Director

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- > Certified Pharmacy Technician - Application Instructions
- > Registered Pharmacy Technician - Application Instructions

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- ii. 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.
 - b. 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.
3. Once the application and all requirements are completed. The candidate will receive and email notification with their identification card and instructions on how to verify their license online. 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.



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