

PHARMACY INTERN REGISTRATION APPLICATION

INSTRUCTIONS

TYPE OR PRINT LEGIBLY ALL ENTRIES, THEN HAND-SIGN IN THE PRESENCE OF A NOTARY.

WHEN MAILING TO THE BOARD OFFICE, RETURN RECEIPT SERVICE IS RECOMMENDED.

THE APPLICATION WILL NOT BE PROCESSED UNTIL ALL OF THE REQUIRED ITEMS BELOW ARE RECEIVED IN THE OHIO BOARD OF PHARMACY OFFICE:

- A. **Pharmacy Intern Registration Application** (completed, signed, and notarized).
- B. **Registration Fee** of \$22.50 in US funds (made payable to "Treasurer, State of Ohio").
- C. **Head and Shoulders Photograph** (TAKEN WITHIN THE PREVIOUS SIX MONTHS with your name and date taken on the back).
- D. **Official Transcript of Grades** certifying your successful completion of at least 60 semester or 90 quarter hours of preliminary education (*YOU* must request the university or college office to send this directly to the Board office)
- E. **Verification of Enrollment Certificate** from a school of pharmacy that you have *begun attending professional classes* in the Pharm.D. program;
or a Certificate of Pharmacy Education of a first professional Degree in Pharmacy (*YOU* must request your school of pharmacy office to send it directly to the Board office);
or a copy of a Foreign Pharmacy Graduate Examination Commission Certificate.
- F. **Foreign Pharmacy Graduates** must show successful completion of the Test of Spoken English (TSE) by the Official Score Report (minimum acceptable score is 50). (*YOU* must request the Test Center to send an Official Score Report to the Ohio Board of Pharmacy office.)
- G. **Violation Reports**, pursuant to Item 5 on the application, must be in your own words and include a complete description of events leading up to each incident, specifically what occurred, what disposition was made by the court or government agency, how you view in retrospect the incident, and any other information you consider to be pertinent. Also, *YOU* must obtain from the clerk of court's office a **certified copy** of any court documents for each incident and forward them with your written report.

RETURN ORIGINAL APPLICATION, FEE, PHOTO, AND ACCOMPANYING DOCUMENTS TO:

OHIO BOARD OF PHARMACY
77 S. HIGH STREET, ROOM 1702
COLUMBUS, OHIO 43215-6126

PHARMACY INTERN REGISTRATION APPLICATION FORM # 0100

TYPE OR PRINT LEGIBLY

ATTENTION APPLICANT!

- > **After completing** this form, make a **copy for your file** and mail the **original to the Board**.
- > **Before mailing** the completed original, **read the Instructions** page for other **required** items.

1. PERSONAL IDENTIFICATION

Full Name <i>[First Middle Last]</i>		Date of Birth <i>[mm/dd/yyyy]</i>
Social Security Number (SSN)	Place of Birth <i>[City, State, Country]</i>	Male Female

2. PERMANENT ADDRESS (For mailing of all correspondence and renewal notices)

Number and Street Address	Area Code / Telephone Number <div style="text-align: right;">Unlisted</div>
City, State, Zip Code	County

3. PRELIMINARY EDUCATION

Pre-Pharmacy College Name	Location <i>[City & State]</i>	Number of Hours Completed Sem: Qtr:
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4. INTERN/EXTERN REGISTRATIONS

If you are currently, or have ever been, registered/licensed as an intern or extern in Ohio or in any state, give the following information: (attach separate list if more than one state)

State	Registration Number	Registration Date <i>[mm/dd/yyyy]</i>	Status <i>[Active/Inactive]</i>
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5. CHARGES/CONVICTIONS (Do NOT leave blank or application will be returned)

A. Have you ever been charged or convicted of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)? <div style="text-align: center;"> YES NO </div>	B. Have you ever been the subject of disciplinary action by any state or federal agency? <div style="text-align: center;"> YES NO </div>	If you answered YES to A or B, you must report ALL charges, convictions, and disciplinary actions in accordance with paragraph G on the Instructions page.
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6. DEPOSITION AND SIGNATURE OF APPLICANT (Applicant's signature must be witnessed by a Notary Public)

I UNDERSTAND THAT THE OHIO PHARMACY INTERN LICENSE IS ISSUED TO ME FOR THE PURPOSE OF OBTAINING THE PRACTICAL EXPERIENCE REQUIRED FOR LICENSURE AS A PHARMACIST AND I MAY ONLY PRACTICE PHARMACY UNDER THE PERSONAL SUPERVISION OF A REGISTERED PHARMACIST. I FURTHER AGREE TO COMPLY WITH ALL FEDERAL AND STATE LAWS, REGULATIONS, AND RULES CONTROLLING THE DISTRIBUTION OF DRUGS. I HEREBY CERTIFY, UNDER PENALTY OF SECTION 2921.13 OF THE OHIO REVISED CODE, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

SWORN TO AND SIGNED BEFORE ME THIS DATE:

[SEAL] _____

SIGNATURE OF NOTARY

===== **FOR BOARD USE ONLY BELOW THIS LINE** =====

Control Number:	Audit Number:	OK'd By:	Registration Number:	Registration Date:
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