



PHARMACY INTERN REGISTRATION APPLICATION

The application will not be processed until all of the required items below are received in the State of Ohio Board of Pharmacy office:

- A. Pharmacy Intern Registration Application (completed, signed and notarized)
- B. Registration fee of \$22.50 (check or money order made payable to "Treasurer, State of Ohio") **If you are a veteran (including active duty) or the spouse/partner of an active duty veteran, please see form 0201-V for a fee waiver.**
- C. Head and shoulders photograph taken within the previous six months, with your name and date picture was taken on the back
- D. Verification of Enrollment Certificate from dean or designee in the college of pharmacy that you have begun attending professional classes in the Pharm D program and have successfully completed a minimum of 60 semester hours/90 quarter hours of college work.

--OR--

1. Copy of FPGEE Certificate issued to you by the Foreign Pharmacy Graduate Examination Commission and
 2. Official Score Report showing successful completion of the Test of Spoken English (TSE) or TOEFL-iBT. You must request the Test Center send an Official Score Report to the Board office.
- E. Charges/Convictions: Pursuant to Item 5 on the application, submit a signed and dated letter, in your own words, with a complete description of the events leading up to each incident, specifically what occurred, what decision was made by the court or government agency, how you view the incident in retrospect, 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. You must report all charges/convictions, even if sealed or expunged. (ORC 2953.33)
- F. **Criminal Background Checks:** Pursuant to ORC 4729.071 and 4776.02, the State of Ohio Board of Pharmacy may not issue an initial license to practice as a pharmacy intern 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 (ORC 4776.04). Please see the Background 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.

RETURN ORIGINAL APPLICATION, FEE, PHOTO, AND ACCOMPANYING DOCUMENTS TO:
STATE OF BOARD OF PHARMACY, 77 S. HIGH STREET, 17th FLOOR
COLUMBUS, OHIO 43215-6126

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



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 for other required items. Social Security Number is required pursuant to ORC 3123.50. Please type or print legibly.

1. PERSONAL IDENTIFICATION

Full Name <i>[First Middle Last]</i>			Date of Birth <i>[mm/dd/yyyy]</i>
SSN	Place of Birth <i>[City, State, Country]</i>	Email Address	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

Street Address	Area Code / Phone # <input type="checkbox"/> Unlisted
City, State, Zip Code	County

3. PHARMACY SCHOOL ATTENDING

Pharmacy College Name	Location <i>[City & State]</i>
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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)

<p>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)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B. Have you ever been the subject of disciplinary action by any state or federal agency?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If you answered YES to A or B, you must report ALL charges, convictions, and disciplinary actions in accordance with paragraph E on the Instructions page.</p>
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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 and practice of pharmacy. I hereby certify, under penalty of ORC 2921.13, that the above statements are true and correct.

SIGNATURE OF APPLICANT:	DATE:
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SWORN TO AND SIGNED BEFORE ME THIS DATE:	SIGNATURE OF NOTARY:
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[SEAL]

FOR BOARD USE ONLY BELOW THIS LINE

Control #	Audit #	OK'd By	Registration # 06	Registration Date
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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