



## REQUEST FOR DUPLICATE PHARMACY INTERN WALL CERTIFICATE

Complete the form then hand sign in front of a notary, then make a copy for your file and mail the original to the Board office.

NAME:	E-MAIL ADDRESS:
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**I HEREBY GIVE NOTICE AND CERTIFY THAT I HAVE LOST MY PHARMACY INTERN WALL CERTIFICATE.**

**CIRCUMSTANCES OF LOSS:**

**I HEREBY REQUEST A DUPLICATE PHARMACY INTERN WALL CERTIFICATE.**

*The fee for a replacement pharmacy intern wall certificate is **\$7.50***

*Please make checks payable to **Treasurer State of Ohio***

\_\_\_\_\_  
OHIO LICENSE NUMBER

\_\_\_\_\_  
SIGNATURE OF PHARMACIST

Sworn to and subscribed before me this \_\_\_\_\_ day

\_\_\_\_\_  
SIGNATURE OF NOTARY

\_\_\_\_\_, 20 \_\_\_\_\_

(NOTARY SEAL)

