



### Employer-Based Training Program Attestation

**To be used by Registered or Certified Pharmacy Technician Applicants ONLY.**

This form may be used by pharmacies with an employer-based technician training program to comply with OAC 4729:3-3-02 (B)(4).

**Part 1 – Applicant Information** - *To be completed by the applicant.*

|                      |                                                      |
|----------------------|------------------------------------------------------|
| First and Last Name  | Ohio Technician Registration Number (begins with 09) |
| Year of Birth (YYYY) | Last Four Digits of SSN                              |

**Part 2 – Employer Information** – *To be completed by the applicant regarding their primary training location.*

|                                                 |                                            |
|-------------------------------------------------|--------------------------------------------|
| Employer Name                                   | TDDD License No.                           |
| Employer Address (Include City, State, and Zip) | Date Technician Completed Training Program |

**Part 3 – Attestation by the Responsible Person** - *To be completed by the responsible person (RP) of the pharmacy where the applicant was trained.*

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE APPLICANT LISTED IN PART 1 OF THIS FORM HAS SUCCESSFULLY COMPLETED AN EMPLOYER-BASED PHARMACY TECHNICIAN TRAINING PROGRAM AND DEMONSTRATES COMPETENCY TO SAFELY AND EFFECTIVELY PRACTICE AS A CERTIFIED OR REGISTERED PHARMACY TECHNICIAN AND THE ANSWERS PROVIDED ON THIS FORM ARE <b>TRUE, CORRECT, AND COMPLETE.</b> |                                       |
| Signature of Responsible Person                                                                                                                                                                                                                                                                                                                                                                                                               | Date Signed                           |
| Print/Type Name of Responsible Person                                                                                                                                                                                                                                                                                                                                                                                                         | Ohio Pharmacist License No.           |
| Responsible Person Email Address                                                                                                                                                                                                                                                                                                                                                                                                              | Contact Phone No. (include area code) |

