



Technician Reciprocity Attestation Form

Per OAC [4729:3-2-01](#), pharmacy technicians registered in other states may apply to reciprocate into Ohio. To obtain registration as a technician in Ohio, this form must be submitted along with license or registration verification. Please note that verification can be an online verification and must be uploaded by the applicant, not the state board or agency. For more information on technician reciprocity visit: www.pharmacy.ohio.gov/TechRecGuide.

UPLOAD INSTRUCTIONS: Applicants should submit the technician reciprocity attestation form (www.pharmacy.ohio.gov/TechRec) in lieu of training documentation.

REMINDER: Certified pharmacy technician applicants are required to provide documentation that they have a current pharmacy technician certification from an organization that has been recognized by the Board. The Board recognizes the following organizations:

- [ExCPT certification](#) provided by the National Healthcareer Association
- [Pharmacy Technician Certification Board certification](#)

Part I – Pharmacy Technician Applicant Information

Applicant Name	Date of Birth
E-mail Address	Contact Phone

Part II – License Information

License Number	State(s) where licensed or registered
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Part III – Employer Information – Under [4729:3-2-01](#), all applicants must have actively worked as a pharmacy technician for at least one year within the previous three years of registration.

Pharmacy	Start Date	End Date
Pharmacy	Start Date	End Date

Part IV – Attestation – To be signed by the applicant listed in Part I of this form. A digital signature may be used.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND ALL ACCOMPANYING MATERIALS ARE TRUE, CORRECT, AND COMPLETE.

Applicant Signature	Date Signed
Printed Name	

