



## Pharmacy Technician Trainee Extension Request Form

On January 8, 2019, the Board approved a one-time, six (6) month extension of a pharmacy technician trainee’s registration for the following reasons:

- Medical leave/absence.
- Initial employment or change in employment four (4) months prior to the expiration of a trainee’s registration.
- Failure to pass an employer-based training program examination.
- Failure to obtain a pharmacy technician certification from an organization that has been recognized by the board.

The form must be signed (wet ink), scanned and submitted via email to: [new.license@pharmacy.ohio.gov](mailto:new.license@pharmacy.ohio.gov).

### Part I – Pharmacy Technician Trainee Information

<b>Pharmacy Technician Trainee Name</b>	<b>Pharmacy Technician Trainee Registration Number</b>
<b>E-mail Address</b>	<b>Registration Expiration Date</b>

### Part II – Employment Information

<b>Name of Pharmacy</b>	<b>Ohio Terminal Distributor License Number (beginning with 02)</b>
<b>Pharmacy Address (Street, City, State, Zip)</b>	<b>Name of Pharmacy’s Responsible Person</b>

**-CONTINUED ON NEXT PAGE-**

<b>- For State of Ohio Board of Pharmacy Use Only -</b>			
Date Received:	Date Approved:	Approved By:	New Exp. Date:
Comments:			



**Part III – Reason for Extension and Explanation – Select One**

**Medical Leave/Absence** (please include duration of leave below)

**Initial/Change of Employment** (please indicate date of hire below)

**Failure to pass an employer-based training program examination**

**Failure to obtain a national pharmacy technician certification (PTCB/ExCPT)**

**Please explain your selection above. Include all applicable information and dates of leave, hire, or examination attempts.**

**Part IV – Responsible Person Attestation - *Must be signed in wet ink***

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 ARE **TRUE, CORRECT, AND COMPLETE.**

<b>Responsible Person Signature</b>	<b>Date Signed</b>
<b>Printed Name</b>	<b>Responsible Person's License Number</b>

**Part V – Pharmacy Technician Trainee Attestation - *Must be signed in wet ink***

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 ARE **TRUE, CORRECT, AND COMPLETE.**

<b>Technician Signature</b>	<b>Date Signed</b>
<b>Printed Name</b>	<b>Technician's Date of Birth</b>

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