



Pharmacy Technician Trainee Signature Form

To be used by Pharmacy Technician Trainee Applicants **ONLY**.

To be completed by the applicant. Must be manually signed in ink. Digital signatures will **NOT** be accepted.

| | |
|--|------------------------|
| First Name | Last Name |
| Date of Birth | Social Security Number |
| Street Address | City |
| State | Zip-Code |
| Contact Phone Number (including area code) | E-mail Address |

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 IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

| | |
|--------------------|-------------|
| Signature | Date Signed |
| Print or Type Name | |

