



Attestation Form - Pharmacy Technician Trainee

To be used by pharmacy technician trainee applicants **ONLY**. This form must be submitted with an application in the [eLicense](#) system

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

First Name	Last Name
Date of Birth	Social Security Number

Part 2 – Attestation by Applicant - To be completed by the applicant. Must be manually signed in 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 AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant	Date Signed
Print Applicant Name	

