



REQUEST FOR LICENSE VERIFICATION

Complete this form to request that the Ohio Board of Pharmacy provide official, written verification of a facility license, pharmacist license, controlled substance license, or verification of pharmacist intern hours to another agency. Please do not omit any of the requested information as it may cause a delay in responding to your request. If your request exceeds the spaces allotted below, complete/submit as many additional forms as needed.

- Verifications are \$10.00 each.
- Requests received via fax or e-mail, or without sufficient payment will not be processed.
- Enclose a check for amount due, payable to "Treasurer, State of Ohio".
Mail request form and payment to:

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, OH 43215

Date of Request:

REQUESTER INFORMATION:

Name:	Organization/Company:
Phone Number:	Mailing Address:
E-mail:	City, State, Zip

LICENSEE VERIFICATION INFORMATION:

Type of License	Ohio Lic. #	Quantity Requested	Mail to: (if different than address above)	Subtotal
Total Amount Due:				

- **For faster delivery, please include a pre-paid/addressed FedEx envelope for each addressee.**

Comments (if applicable):

