



VERIFICATION OF PHARMACIST LICENSURE

Complete the form, make a copy for your file and mail the original and the required fee to the Board office.

Name of Pharmacist:

Pharmacist ID Number:

Name and address of State the hours are to be transferred to:

There is a fee of \$10.00 per state.

Please make check payable, Treasurer State of Ohio

Mail to:

**State of Ohio Board of Pharmacy
77 S. High St., 17th Floor
Columbus, Ohio 43215**

