



REFUND POLICY

(As adopted 5/6/2014 [R-2014-213] and amended 10/3/2016 [R-2016-027])

All refunds must be requested by the applicant using the Refund Request Form within 30 days of the date payment was received by the Board. The Board may choose not to require a formal request to be submitted when known technical errors have occurred with licensing and/or payment systems.

This policy applies to the following license types:

- Pharmacist
- Pharmacy Intern
- Pharmacy Technician
- Terminal Distributor of Dangerous Drugs
- Drug Distributor (Manufacturer, Outsourcing Facility, Repackager, Third-Party Logistics Provider, Wholesaler)
- Home Medical Equipment Services Provider

Additionally, this policy applies to the following application types:

- Initial
- Renewal
- Reinstatement
- Change in Business Description* (change of address, ownership, name, and/or category)

Fees received by the Board for maintenance requests (e.g. license verifications, exam reapproval, and duplicate wall certificate, etc.) are non-refundable.

Conditions	Refund Granted?	Refund Amount
Duplicate application submitted.	Yes	Full
Applicant submitted application for incorrect license type.	Yes	Full
Application submitted and Board determines applicant fails to qualify.	No	-
Board determines a lesser category of license is required than requested by the applicant.*	No	-
Application has been processed and issued (Status = Active).	No	-

**Applies to Terminal Distributors and Drug Distributors only.*

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REFUND REQUEST FORM

Pursuant to the Board's Refund Policy, this form must be completed and submitted to the Board within 30 days of the date payment was received by the Board. Submission of this form does not guarantee a refund will be granted by the Board. *Completed forms must be submitted via email to new.license@pharmacy.ohio.gov.*

PART 1 – APPLICANT INFORMATION

Applicant/Licensee Name: <i>*If business license, enter name of entity</i>	Application/License Number:
Email Address:	Area Code / Phone #:

PART 2 – APPLICATION & PAYMENT INFORMATION

Date Application Submitted & Fees Paid:	Amount Paid:
License/Registration Type:	Application Type (Initial, Renewal, Reinstatement):

PART 3 – REASON FOR REFUND

Submitted more than one (1) application. Applied for incorrect license/registration type and application has not yet been reviewed by the Board. Other - Please explain below
Explanation (if required):

PART 4 – APPLICANT SIGNATURE

Signature:	Date Signed:
Print or Type Full Name:	

