

Application to the Ohio Board of Pharmacy for Appointment to the 2025 Rules Review Committee

The Ohio Board of Pharmacy’s Rules Review Committee is responsible for reviewing all rules prior to their legislatively mandated five-year review date. The Committee is composed of twelve Ohio licensed pharmacists in good standing and will meet this fall for a half-day virtual meeting (via Microsoft Teams).

Please be advised that the Board prioritizes applicants who have relevant work or other experience that directly relates to the rules up for review. The rules up for review primarily impact **outpatient pharmacies** and include, but are not necessarily limited to, the following:

Agency	Division	Chapter	Rule	Title
4729	5	3	11	Transmission of outpatient prescriptions
4729	5	3	12	Protocols and pre-printed orders for medication administration
4729	5	3	14	General security requirements
4729	5	3	15	Use of hospital and other institution D.E.A. registrations
4729	5	3	16	Returned drugs
4729	5	5	3	Filing and storage of prescriptions
4729	5	5	5	Prescription format requirements
4729	5	5	7	Patient profiles
4729	5	5	8	Prospective drug utilization review
4729	5	5	9	Patient counseling
4729	5	5	10	Manner of processing a prescription
4729	5	5	11	Prescription copy
4729	5	5	12	Partial dispensing of schedule II controlled substances
4729	5	5	13	Serial numbering of prescriptions
4729	5	5	14	Prescription pick-up station
4729	5	5	15	Manner of issuance of a prescription

4729	5	5	16	Pharmacist modifications to a prescription
4729	5	5	17	Drugs repackaged or relabeled by a pharmacy
4729	5	5	22	Return to stock in an outpatient pharmacy
4729	5	5	23	Security, control and storage of dangerous drugs in an outpatient pharmacy
4729	5	5	24	Drug inventory records and other record keeping provisions

To be considered for the committee, please complete the application below by **April 30, 2025**.

RETURN THIS APPLICATION BY EMAIL TO:

summer.reyburn@pharmacy.ohio.gov

IMPORTANT: Please submit a copy of your current resume or curriculum vitae with this application. Failure to provide a resume or CV disqualifies an applicant from consideration.

Applicant Information

First Name	Last Name	MI
Street Address		County
City/State/Zip	Phone (xxx-xxx-xxxx)	
E-mail	OH Pharmacist License Number	

Current Employment Information

Job Title	Employer Name
Street Address	County
City/State/Zip	Phone (xxx-xxx-xxxx)
Length of Employment with Current Employer	

List Area(s) of Expertise and/or Specialty

Areas of Specialty

Have you served on the Rules Review Committee previously? Yes No	If yes, please provide the service dates.
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Statement

Please provide a brief narrative of your interest, availability, professional affiliations and qualifications for serving on the Rules Review Committee. Please submit a copy of your current resume or curriculum vitae with this application.

Attestation

I attest that the information provided is true and accurate to the best of my knowledge. If appointed, I understand that I will serve at the discretion of the Ohio Board of Pharmacy and that this position is uncompensated.

Signature (Digital Signature Accepted)	Date
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Applicants will be notified of their selection in June 2025.

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