

Pharmacy Technician 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 the following:

- Twelve Ohio licensed pharmacists in good standing; and
- **New for 2025:** Two Ohio pharmacy technicians (registered or certified) in good standing.

PLEASE BE ADVISED THAT THE PHARMACIST APPLICATION PERIOD IS NOW CLOSED. THIS APPLICATION IS FOR PHARMACY TECHNICIAN MEMBERS.

The Committee 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 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 |

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|-------------|---|---|----|--|
| 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 **May 21, 2025**.

RETURN THIS APPLICATION BY EMAIL TO:

summer.reyburn@pharmacy.ohio.gov

Applicant Information

| | | |
|---|-----------|------------------------------|
| First Name | Last Name | MI |
| Street Address | | County |
| City/State/Zip | | Phone (xxx-xxx-xxxx) |
| E-mail | | OH Technician License Number |
| Are you a Registered Technician or a Certified Technician in the state of Ohio? | | |
| Registered Technician Certified Technician | | |
| How long have you been practicing as a pharmacy technician? | | |

Educational Attainment

Please fill out according to the highest level of education you have received.

| | |
|-----------------------|-----------------------|
| Type of Degree Earned | Name of School |
| City/State/Zip | Major (If Applicable) |

Current Employment Information

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

Previous Employment Information

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

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

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

List Area(s) of Expertise and/or Specialty

Areas of Specialty

Statement

Please provide a brief narrative of your interest, availability, professional affiliations and qualifications for serving on the Rules Review Committee.

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 |

Applicants will be notified of their selection in June 2025.