



Licensee or Registrant Self-Report Form

To be used by a pharmacist, pharmacy intern, pharmacy technician trainee, registered pharmacy technician or certified pharmacy technician for reporting information on criminal or disciplinary actions pursuant to rules [4729:1-4-02](#) (for pharmacists), [4729:2-4-02](#) (for pharmacy interns), and [4729:3-4-02](#) (for pharmacy technicians and trainees).

- For more information on pharmacist self-reporting, visit: www.pharmacy.ohio.gov/PharmReport
- For more information on pharmacy intern self-reporting, visit: www.pharmacy.ohio.gov/InternReport
- For more information on pharmacy technician self-reporting, visit: www.pharmacy.ohio.gov/TechReport

Instructions: To meet the Board's self-reporting requirements, this form must be completed and submitted electronically via the licensee/registrant's [eLicense](#) Ohio Dashboard. On the Options menu, select 'Submit Additional Documentation'.

Part 1 – Licensee or Registrant Information - Provide information on the licensee or registrant. The information must include a valid mailing and e-mail address where the licensee/registrant can be contacted.

Name (First and Last)	Ohio License or Registration #	
Street Address	City	Zip
Contact Phone #	E-mail Address	

Part 2 – Criminal/Disciplinary Action Information - If additional space is needed, you may attach additional pages. For certified pharmacy technicians only: skip to Section 3 of this form if reporting the failure to maintain a current pharmacy technician certification (PTCB or ExCPT).

Date of Occurrence	Type of Criminal/Disciplinary Action
State	County
Violation(s):	



Provide a detailed description of the disciplinary or criminal action. If additional space is needed, you may include additional pages.

Part 3 – FOR CERTIFIED PHARMACY TECHNICIANS ONLY – *To be completed by a certified pharmacy technician reporting the failure to maintain a current pharmacy technician certification (PTCB or ExCPT).*

Certification Type (select one)	Certification Number	Expiration Date of Certification
<input type="checkbox"/> PTCB <input type="checkbox"/> ExCPT		
If applicable, were there any extenuating circumstances that prevented you from renewing your certification?		

Part 4 – Attestation by Licensee or Registrant - *To be completed by the licensee or registrant. Must be manually signed in ink. Digital signatures will NOT be accepted.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED IN THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Licensee/Registrant	Date Signed
Print or Type Name	

Part 5 – Submission of Additional Documentation - *Include with this form the official court record providing the outcome of your criminal conviction (commonly referred to as the entry of judgement or sentencing entry), record of arrest, or any documentation relating to a disciplinary action by a state or federal agency. Failure to include this information may result in administrative discipline for non-compliance.*

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