



## English Proficiency Attestation Document

**Instructions: To be used by Registered or Certified Pharmacy Technician Applicants ONLY.** This form must be completed and submitted electronically via the technician applicant's [eLicense Ohio](#) application. Upload the form in the Attachments section.

### Part 1 – Applicant Information - *To be completed by the applicant.*

First Name	Last Name
Year of Birth (YYYY)	Last Four Digits SSN
Technician Application Number (APP-)	Name of Employer/Pharmacy
Employer/Pharmacy's Address	TDDD License No.

Applicant for registration as a (select only one):

Registered Pharmacy Technician       Certified Pharmacy Technician

### Part 2 – Attestation by the Responsible Person - *To be completed by the responsible person (RP) of the pharmacy where the applicant is currently employed or was employed in the previous 3 years.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE **APPLICANT LISTED IN PART 1 OF THIS DOCUMENT POSSESSES THE NECESSARY PROFICIENCY IN THE ENGLISH LANGUAGE TO SAFELY PRACTICE AS A PHARMACY TECHNICIAN IN THIS STATE.**

Signature of Responsible Person	Date Signed
Print/Type Name of Responsible Person	Ohio Pharmacist License Number
Responsible Person Email Address	Contact Phone Number (including area code)

Technician Applicant is:  Currently employed     Formerly employed (in the last 3 years)

