English Proficiency Attestation Document

Updated 2/3/2025

Registered and Certified Pharmacy Technician applicants who completed their primary/high school education outside of the United States still required to demonstrated English proficiency. For more information on these requirements visit: www.pharmacy.ohio.gov/TechEng

One of the methods for demonstrating English proficiency is the submission of this form by the responsible person, or the equivalent in the state where the technician is registered, of the pharmacy where the technician is actively employed or was employed **in the five years** prior to the date of submission of an application.

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.

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The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

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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 **five** years. The RP may sign using a digital or wet ink signature.*

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 (READING, LISTENING, SPEAKING, AND WRITING) 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 (select one): ☐ **Currently employed** ☐ **Formerly employed (in the last 5 yrs)**	