



Request to Inactivate Pharmacy Technician Registration

This form should be submitted as a **Submit Additional Documentation** request on the technician's [eLicense Ohio](#) dashboard.

A Pharmacy Technician Trainee, Registered Pharmacy Technician, or Certified Pharmacy Technician registered with the State of Ohio Board of Pharmacy may request to have their registration status updated to **Inactive** status by completing this form.

IMPORTANT: By completing and submitting this form the technician's registration will be updated to **Inactive** status which will immediately prohibit the individual from working in a pharmacy licensed as a terminal distributor. Additionally, the technician's registration will not be eligible for renewal or reinstatement without contacting the Board, submitting an application and fee, and completing updated criminal records checks.

PART 1 – TECHNICIAN INFORMATION

Full Name (First, Middle, Last):	Ohio Technician Reg. # (begins with 09):
Last Four SSN:	Date of Birth (MM/DD/YYYY):
E-mail Address:	Area Code / Phone #:

PART 2 – ACKNOWLEDGEMENT & SIGNATURE

I ACKNOWLEDGE MY SIGNING BELOW THAT I AM VOLUNTARILY REQUESTING TO UPDATE MY REGISTRATION AS A PHARMACY TECHNICIAN IN THE STATE OF OHIO TO INACTIVE STATUS AND DOING SO WILL PROHIBIT ME FROM ENGAGING IN ANY JOB DUTIES THAT REQUIRE A REGSITRATION AS A TECHNICIAN IN THE STATE OF OHIO. I ALSO UNDERSTAND THAT IN ORDER TO REACTIVATE MY REGISTRATION, I WILL BE REUQIRED TO SUBMIT THE REQUIRED APPLICATION, FEE, AND CRIMINAL RECORDS CHECKS. I ACKNOWLEDGE THAT THE BOARD CAN STILL IMPOSE ADMINISTRATIVE ACTION, AS SET FORTH IN CHAPTERS 119. AND 4729. OF THE OHIO REVISED CODE, ON MY REGISTRATION IF THE CONDUCT OCCURRED WHILE THE REGISTRATION WAS IN ACTIVE STATUS.	
SIGNATURE	Date Signed
PRINT OR TYPE FULL NAME	

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