Pharmacy Security Approval Request Form

Updated 6/25/2025

Rules 4729:5-5-23 (outpatient pharmacies) and 4729:5-9-02.2 (institutional pharmacies) of the Administrative Code require any new barricade used to secure a pharmacy to be approved by the Board.

To request approval, the Board of Pharmacy has developed the following form. The form must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select **"Security Notification Form"** as the document type.

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Instructions: *This form must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload.*

Part I – Pharmacy Information

Name of Pharmacy Responsible Person (first, last)		
Pharmacy Name	**Ohio TDDD License No.**	
Street Address	**City**	**Zip**
Phone (xxx-xxx-xxxx)	**Email**	
Anticipated Barricade Construction Start Date	**Anticipated Barricade Completion Date**	

Part II – Provide a brief description of why you are requesting a barricade approval (i.e., construction, moving to new location, etc.)