

**Application for Pharmacy
Intern License
Instructions**

You must have completed 60 semester hours to apply for an Ohio Intern License.

Complete all steps in the order indicated.

1. You complete the (1st form in packet) “Pharmacy Intern Registration application” (form #0100). Mrs. Baker in the Dean’s Office can notarize this document. **DO NOT SIGN THIS FORM until you bring into office.**

2. Pictures are taken during the fall semester, Dr. Jennie Grundey will announce during her POP3 class when this will be. This picture can be used for this OH intern License. Otherwise you can have your picture taken by Mrs. Baker in the College of Pharmacy Dean’s Office. She is available **to take pictures and process forms M-W-F from 2:00-3:30pm in the Dean’s Office.** (Be sure to print your name and the date of the picture, and you sign it, all on the back of the picture.) Passport photo’s can also be purchased at Rite Aid across from campus and used to send in with application.

3. Get a CHECK or MONEY ORDER made **payable to “Treasurer State of Ohio”** in the **amount of \$22.50.** (NOT the State Board of Pharmacy)

4. **YOU NEED TO MAIL:**

- Forms from Step 1 (original application)
- your picture
- your check/money order
- and any other supporting documents **if needed**

ADDRESS: OHIO STATE BOARD OF PHARMACY
77 SOUTH HIGH STREET, ROOM 1702
COLUMBUS, OHIO 43215-6126

5. Meanwhile: State & Federal background checks are now required by the Ohio State Board of Pharmacy. You may start this process by going to a National Web Check (NWC) provider agency as outlined on the attached Board of Pharmacy notice (3rd form in packet) OR you may start the process by visiting the Center for Teacher Education (CTE) in **Dukes 310 Penny Gibson ext. 2120 on campus. Please contact Penny Gibson by phone or email to schedule your appointment. (Phone 419-772-2120, or by email: p-gibson@onu.edu)**
No walk in’s please.

If you are using the service on campus, you will need to complete the attached waiver form (last page) and present this form with a **check or/cash for \$48.00.** Check should be made out to **Ohio Northern University**, when you go to the CTE Office 310 in Dukes Bldg. Students must **KNOW their social security number. Also need to bring driver’s license or passport with them.** This background check data will then be sent by CTE to the OH State Board.

All questions regarding this process should be addressed to the ONU College of Pharmacy Student Service office within the Dean’s Office. (The Registrar’s office cannot provide information regarding this process.)



**STATE OF
OHIO**
BOARD OF PHARMACY

PHARMACY INTERN REGISTRATION APPLICATION

The application will not be processed until all of the required items below are received in the State of Ohio Board of Pharmacy office:

- A. Pharmacy Intern Registration Application (completed, signed and notarized)
- B. Registration fee of **\$22.50** (check or money order made payable to "Treasurer, State of Ohio") If you are a veteran (including active duty) or the spouse/partner of an active duty veteran, please see form 0201-V for a fee waiver.
- C. Head and shoulders photograph taken within the previous six months, with your name and date picture was taken on the back
- D. Verification of Enrollment Certificate from dean or designee in the college of pharmacy that you have begun attending professional classes in the Pharm D program and have successfully completed a minimum of 60 semester hours/90 quarter hours of college work.

--OR--

- 1. Copy of FPGEE Certificate issued to you by the Foreign Pharmacy Graduate Examination Commission and
- 2. Official Score Report showing successful completion of the Test of Spoken English (TSE) or TOEFL-iBT. You must request the Test Center send an Official Score Report to the Board office.
- E. **Charges/Convictions:** Pursuant to Item 5 on the application, submit a signed and dated letter, in your own words, with a complete description of the events leading up to each incident, specifically what occurred, what decision was made by the court or government agency, how you view the incident in retrospect, and any other information you consider to be pertinent. Also, you must obtain from the clerk of court's office a certified copy of any court documents for each incident and forward them with your written report. You must report all charges/convictions, even if sealed or expunged. (ORC 2953.33)
- F. **Criminal Background Checks:** Pursuant to ORC 4729.071 and 4776.02, the State of Ohio Board of Pharmacy may not issue an initial license to practice as a pharmacy intern until the applicant has submitted a request to the Bureau of Criminal Identification and Investigation (BCI & I) for a criminal records check of the applicant. The records check must also include a request for information from the Federal Bureau of Investigation (FBI). The results of criminal records checks are not public records and shall not be made available to any person other than the licensing agency and the applicant or their representative (ORC 4776.04). Please see the Background Check Summary on the Board's website for additional information, including a listing of agencies that will take electronic fingerprint impressions for this check.

Procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. You may also obtain a copy of your results by contacting the BCI office where you submitted your test. For your convenience, the BCI phone number is 1-877-224-0043 Option 7.

RETURN ORIGINAL APPLICATION, FEE, PHOTO, AND ACCOMPANYING DOCUMENTS TO:
STATE OF BOARD OF PHARMACY, 77 S. HIGH STREET, 17th FLOOR
COLUMBUS, OHIO 43215-6126

77 South High Street, 17th Floor, Columbus, Ohio 43215



ATTENTION APPLICANT: After completing this form, make a copy for your file and mail the original to the Board. Before mailing the completed original, read the instructions for other required items. Social Security Number is required pursuant to ORC 3123.50. Please type or print legibly.

1. PERSONAL IDENTIFICATION

Full Name [First Middle Last]		Date of Birth [mm/dd/yyyy]
SSN	Place of Birth [City, State, Country]	Email Address
		<input type="checkbox"/> Male <input type="checkbox"/> Female

2. PERMANENT ADDRESS (For mailing of all correspondence and renewal notices)

Street Address	Area Code / Phone #
	<input type="checkbox"/> Unlisted
City, State, Zip Code	County

3. PHARMACY SCHOOL ATTENDING

Pharmacy College Name	Location [City & State]
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4. INTERN/EXTERN REGISTRATIONS

If you are currently, or have ever been, registered/licensed as an intern or extern in Ohio or in any state, give the following information: (attach separate list if more than one state)

State	Registration Number	Registration Date [mm/dd/yyyy]	Status [Active/Inactive]
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5. CHARGES/CONVICTIONS (Do NOT leave blank or application will be returned)

<p>A. Have you ever been charged or convicted of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B. Have you ever been the subject of disciplinary action by any state or federal agency?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If you answered YES to A or B, you must report ALL charges, convictions, and disciplinary actions in accordance with paragraph E on the Instructions page.</p>
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6. DEPOSITION AND SIGNATURE OF APPLICANT (Applicant's signature must be witnessed by a Notary Public)

I understand that the Ohio Pharmacy Intern License is issued to me for the purpose of obtaining the practical experience required for licensure as a Pharmacist and I may only practice pharmacy under the personal supervision of a Registered Pharmacist. I further agree to comply with all federal and state laws, regulations, and rules controlling the distribution of drugs and practice of pharmacy. I hereby certify, under penalty of ORC 2921.13, that the above statements are true and correct.

SIGNATURE OF APPLICANT:	DATE:
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SWORN TO AND SIGNED BEFORE ME THIS DATE:	SIGNATURE OF NOTARY:
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[SEAL]

FOR BOARD USE ONLY BELOW THIS LINE

Control #	Audit #	OK'd By	Registration #	Registration Date
			06	



CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE

UPDATED 8-26-2009

The Ohio Revised Code states that the State of Ohio Board of Pharmacy cannot grant an initial license to a pharmacist or pharmacist intern unless the applicant submits to a criminal records check. The law requires the applicant to submit fingerprints to the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI). The results of the criminal records check will then be required to be forwarded to the Board of Pharmacy for review. Section 4776.03 of the Revised Code requires the Board of Pharmacy to adopt rules to establish administrative and procedural requirements. Until rules are adopted, applicants should follow the criminal records check procedures noted in this document.

You must go to a **WebCheck (BCI & FBI)** provider agency to start the process. The Board of Pharmacy will only accept a criminal records check based on electronic fingerprint impressions submitted to a WebCheck (BCI & FBI) designated provider agency located in Ohio. The applicant **must** come to Ohio and **personally** provide **electronic** fingerprint impressions at any of the eighty-eight Ohio county sheriffs' offices or any other WebCheck (BCI & FBI) designated provider. To view a complete list of WebCheck (BCI & FBI) provider agencies please visit the WebCheck Community Listing located at this direct link on the Ohio Attorney General's website:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

All eighty-eight county sheriffs' offices are WebCheck (BCI & FBI) providers even if they are not listed on the WebCheck Community Listing. If you select an agency other than a sheriff's office, please make sure that it has "**(BCI & FBI)**" listed after the name. Contact the WebCheck (BCI & FBI) provider agency to determine the total fee(s) and the accepted method(s) of payment. Fees include: BCI/\$22, plus FBI/\$24, and some agencies may charge a processing fee (e.g. \$5-\$40). Also, verify if any additional materials are needed (e.g. photo id). Note, some agencies have restricted hours and may require you to schedule an appointment.

While at the WebCheck (BCI & FBI) provider site:

- 1) Request both a BCI and FBI criminal records check
- 2) Pay the required fees directly to the WebCheck (BCI & FBI) provider
- 3) Request the background check results be sent to: State of Ohio Board of Pharmacy
77 S. High Street, Room 1702
Columbus, OH 43215-6126
- 4) Indicate the reason fingerprinted as: Required for licensing/permit per ORC 4729.071
- 5) If requested, list agency code as: 1AB002

77 South High Street, 17th Floor, Columbus, Ohio 43215





MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Identification Quality Assurance
Office 740-845-2113
Fax 866-400-5011

1560 State Route 56 SW
London, OH 43140
www.nationalwebcheck.gov

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be notified by the requesting agency that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.¹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.²

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If you need additional information or assistance, please contact the Identification Quality Assurance Unit at 740-845-2113 or national.webcheck@ohioattorneygeneral.gov.

¹ See 28 CFR 50.12(b).

² See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

National Web Check Waiver

I certify that the personal identifiers on this form are accurate and I voluntarily and knowingly authorize this Web Check agency (DWE625 – Ohio Northern University) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI & I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the Web Check provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

PHARMACY

I, _____, give permission to Ohio Northern University's Center for Teacher Education to share the results of my background check, or any information I provide, that would constitute grounds for disciplinary referral for pharmacy as set forth in Ohio Revised Code Section 4729.071, with the Ohio State Board of Pharmacy and the administrative office of any site where I am placed for the Pharmacy Practice Experience Program. I further waive any claims against the Ohio Northern University for any disclosure made to any administrative office for the purpose of evaluating my background in connection with placement for internship/rotation experience(s).

I further direct the results of this criminal history be forwarded to:

Ohio State Board of Pharmacy
77 S. High Street, Room 1702
Columbus, OH 43215-6126

Agency Code: 1AB002

Student Signature: _____

Date: _____