

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #315375

## Ohio Administrative Code

Rule 4729:1-2-06 Pharmacist change of name, address or employment. Effective: March 4, 2024

(A) A pharmacist, who has a legal change of name, shall notify the board of pharmacy, in a manner determined by the board, within thirty days from the effective date of such change. Such notification of a name change shall be accompanied by one of the following:

(1) A notarized affidavit;

(2) A certified copy of a court record;

(3) A certified copy of a marriage certificate;

(4) A government-issued identification card which reflects the pharmacist's name change; or

(5) Any other documentation as approved by the board.

(B) Requests for a duplicate wall certificate shall be issued in the new name of the pharmacist and shall be accompanied by the required fee. The pharmacist shall promptly destroy the wall certificate that no longer reflects their legal name.

(C) Upon receipt of the required documents and fee pursuant to paragraphs (A) and (B) of this rule, the board will forward the duplicate wall certificate issued in the pharmacist's new name.

(D) A pharmacist who changes their mailing or email address shall notify the board of pharmacy, in a manner determined by the board, of the new address within thirty days after the effective date of such change.

(E) A pharmacist who changes their place of employment shall notify the board of pharmacy, in a manner determined by the board, of the address of the principal place where they practice, including pharmacist placement services, within thirty days after they have commenced such practice.



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(F) The board shall only issue a duplicate wall certificate to a pharmacist who has lost, misplaced, or damaged their original wall certificate. A pharmacist seeking a duplicate wall certificate in accordance with this paragraph shall submit a request for a duplicate wall certificate in manner determined by the board and shall pay the required fee of twenty-two dollars and fifty cents.