



Dispensary Employee Duplicate Badge Request Form

Pursuant to Rule [3796:6-2](#) of the Ohio Administrative Code, the State Board of Pharmacy requires: (1) Notification within five business days of the knowledge that an employee dispensary identification card has been lost or stolen; and (2) such employee shall submit this form for a replacement identification card and required fee (\$50). This form must be completed, scanned and submitted on www.elicense.ohio.gov.

Section A – Licensee Information	
A-1. Employee Name	A-2. Employee License No.
A-3. Explanation of Loss	
A-4. Dispensary Name	A-5. Dispensary License No.

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the Employee identified in Part 1 of this form (“Employee”) and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

Signature of Employee	Date Signed
Signature of Designated Representative	Date Signed

- To Submit Form:**
1. Log into your employee www.elicense.ohio.gov account
 2. From your license tile select ‘OPTIONS’ – ‘Submit Additional Documentation’
 3. Upload Form and select ‘Submit’
 4. Once received by the Board you will be notified to login and pay required fee