



Employee Separation Notification Form

Pursuant to [3796:6-2-09](#) (G) of the Administrative Code, upon termination of employment or when a dispensary employee otherwise ceases to be employed with a dispensary, the employee identification card issued by the State of Ohio Board of Pharmacy (Board) shall be immediately returned to the dispensary. The dispensary shall ensure the return of the dispensary employee identification card to the Board within 10 business days of the employee separation.

Instructions:

1. Designated Representative is to complete the form below.
2. Email completed form to new.license@pharmacy.ohio.gov
3. Mail completed form and dispensary employee badge to the Board Office at the following address:

ATTN: Licensing
77 S High St, 17th Floor
Columbus, Ohio, 43215

Employee Name	Employee License Number	Reason for Separation
Separation Date	Dispensary License Number	Designated Representative Name

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

Signature of New Designated Representative	Date Signed
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