



## Healthcare-Related Training & Continuing Education Content Attestation



Pursuant to [Rule 3796:6-3-19\(G\)](#) of the Ohio Administrative Code, the State Board of Pharmacy requires that healthcare-related training content be approved by a pharmacist licensed under division (I) of section 4729.01 of the Revised Code or one of the following authorized prescribers: (1) Clinical nurse specialist or certified nurse practitioner; (2) Physician; or (3) Physician assistant.

<b>Part 1 – Attestation by Pharmacist or Authorized Prescriber</b>	
<b>Name of Pharmacist or Authorized Prescriber</b>	
<b>License Number of Pharmacist or Authorized Prescriber</b>	
<b>Pharmacist or Prescriber Initials</b>	I attest that I am the individual responsible for the healthcare-related content in training materials being submitted for approval.
<b>Pharmacist or Prescriber Initials</b>	I attest that I have reviewed and approve all healthcare-related content included in the training materials being submitted for approval.

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

<b>Signature of Pharmacist or Authorized Prescriber</b>	<b>Date Signed</b>
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<b>Part 2 – Attestation by the Designated Representative</b>	
To be completed by the designated representative (DR) of the dispensary submitting the healthcare-related training content for approval. This form must be manually signed in ink. Digital signatures will <b>NOT</b> be accepted.	
<b>DR Initials</b>	Due diligence was exercised in identifying and confirming the qualifications of the pharmacist or authorized prescriber responsible for the healthcare-related training content being submitted for approval.
<b>DR Initials</b>	It is the responsibility of the dispensary identified in this attestation to ensure that information provided to patients and to caregivers complies with all relevant rules and statutes and is true and accurate.
<b>DR Initials</b>	Errors identified in the healthcare-related content being submitted for approval will be promptly reported to the Board of Pharmacy along with any necessary corrections.

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 designated representative for the dispensary identified in this attestation. I hereby acknowledge that by submitting this content for continuing education approval that the license-holder submits 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.

<b>Designated Representative</b>	<b>Dispensary License Number</b>
<b>Contact Phone Number</b>	<b>Designated Representative License Number</b>
<b>Signature of Designated Representative</b>	<b>Date Signed</b>