

# Ohio Pharmacy Law Study Guides

1) **430 Practice Questions for the Ohio Pharmacy Law Exam** - This booklet contains law questions specifically written for the Ohio Law Exam. The booklet also contains federal pharmacy law questions, as well as, other topics students may be tested on in the Ohio Law Exam. Completely updated with lots of new questions added using the new “select all that apply” question format and 25 all-new brain-teaser cases. Fully updated in February 2024. *The cost of this booklet is \$44*

2) **A Review of Ohio and Federal Pharmacy Law 2024** - This booklet takes all the legal jargon out of the law and summarizes it into an easy-to-understand and learn outline format. Everything has been updated to reflect all the most recent changes and additions to Ohio and federal law. This booklet allows you to study quickly and to use your time efficiently. It also contains a ranking of the Ohio Laws to help you focus on which ones to spend more time studying. Fully updated in February 2024. *The cost of this booklet is \$44*

**Free Shipping!!!! All booklets will be shipped using USPS Priority Mail for fastest delivery.**

These two booklets will help you prepare for the Ohio Law Exam. My students at Ohio Northern University and The Ohio State University Colleges of Pharmacy have used these two resources for 26 years. During this 26 year period, I have had a 95% pass rate. The booklets were just recently updated in February 2024.

You can purchase the booklets individually or both books together. Simply detach the bottom of this flyer and mail it to: **460 Palm Drive, Marysville, OH 43040** with a check or money order made out to **Donnie Sullivan**.

If you have any questions, please feel free to contact me.  
Donnie Sullivan, R.Ph., Ph.D.

[pharmacyeducationunlimited@yahoo.com](mailto:pharmacyeducationunlimited@yahoo.com)

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Please send me a copy of the booklet:

\_\_\_\_\_ 430 Practice Questions for the Ohio Pharmacy Law Exam (\$44.00)

\_\_\_\_\_ A Review of Ohio and Federal Pharmacy Law 2024 (\$44.00)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pharmacy school you will graduate from \_\_\_\_\_

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