

TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE	FORM # 0603
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- ❶ Complete the form then, by hand, enter your SSN, sign, and date.
- TYPE OR PRINT LEGIBLY**
- ❷ Make a copy for your file.
- ❸ Mail or fax the original to the Board office.

Any change of responsible person must be reported within 30 days, and an inventory of all controlled substances shall be taken at the time of change with the new responsible person.

-- THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL --

Terminal Distributor Name:		License Identification Number: 02-
Street Address, City, State, Zip Code:		
Area Code / Telephone Number:	Area Code / Fax Number:	E-mail Address: <i>(Do NOT return this form by e-mail)</i>

Section 4729.55(B) of the Revised Code requires that "a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the state board of pharmacy under section 4729.531 of the Revised Code, or a laboratory as defined in section 3719.01 of the Revised Code will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant".

Full Name of New Responsible Person:		Effective Date:
Title:	Date Of Birth: <i>[mm/dd/yyyy]</i>	Social Security Number (SSN):
Professional Licensure: RPh MD DO DDS DVM OTHER:		Professional License No. (if applicable):

- YES NO** Do you, as the person accepting responsibility by signing this form, have charges pending or have you ever had a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?
- YES NO** Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?
- YES NO** If YES to either above, has the explanation of charges already been filed with the Board? (If NO to this question, explain in detail; listing names and addresses of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.61 of the Ohio Revised Code.

<i>SIGNATURE</i> of New Responsible Person	<i>DATE SIGNED</i>
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