Distributor of Dangerous Drugs* – Criminal Records Check Required for Licensure

**A distributor of dangerous drugs includes all the following license types: manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs, and wholesale distributor of dangerous drugs (includes broker and virtual wholesaler)*

Section 4729.53 of the Ohio Revised Code requires distributor of dangerous drug applicants to submit fingerprint impressions for criminal records checks for any person with ownership interest, corporate officer(s), and/or the proposed responsible person. This guidance includes important information about who is required to obtain these checks, the types of criminal records checks required, and the procedures for submitting fingerprint impressions.

IMPORTANT - Results of the required criminal records checks are required prior to the Board issuing the drug distributor's license. Therefore, applicants are strongly encouraged to have the appropriate individuals complete fingerprint submissions before submitting the application to the Board.

The criminal records check form on page 5 of this document shall be uploaded as part of the drug distributor application via eLicense Ohio.

Individuals Required to Obtain Criminal Records Checks

Rule 4729:6-2-03 of the Ohio Administrative Code requires the following individuals to obtain criminal records checks on behalf of the entity applying for a drug distributor license:

1. The responsible person
2. The following individuals based upon the drug distributor's business type:
    a. **Partnership** – all partners
    b. **Sole Proprietorship** – the sole proprietor

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c. **Corporation/LLC/S-Corp** – the president, vice president, secretary, treasurer, and chief executive officer, or any equivalent position

   i. And, if the **corporation is publicly traded**, each shareholder owning ten percent or more of the voting stock of the corporation.[†]

d. **Government agency** – the agency director

[†]*For publicly traded corporations, a waiver may be requested if the conditions in 4729:6-2-03(A)(3) are met. See FAQ 5 for more information.*

The persons listed above must be a natural person that owns and/or operates the business entity. If the applicant is not owned by a natural person, each business entity with an ownership interest in the applicant must be disclosed on the application up to and through the entity that is owned by a natural person(s). The natural person(s) of such entity is then subject to the criminal records check requirements.

For a change of responsible person or change in business description (ownership, name, address, and/or category) application, any **new** individuals than what was listed on the most recent application to the board are required to obtain criminal records checks.

REMINDER: the Board does not require drug distributors to submit a notification when the distributor has experienced a change in officers. Any new officers must only be reported upon an initial, change, or reinstatement application. New officers are required to have valid results (completed within the last twelve (12) months) at the time of reporting.

Types of Criminal Records Checks

Two (2) different criminal records checks are required:

1. Ohio Bureau of Criminal Investigation (BCI)
2. Federal Bureau of Investigation (FBI)

The law requires the applicant to submit fingerprint impressions directly to Ohio BCI, which processes both required checks. Ohio BCI then transmits the results directly to the Ohio Board of Pharmacy for review.

Procedures for Submitting Fingerprint Impressions

Fingerprints for criminal records checks may be submitted in one of two ways:

1. For individuals in Ohio, submit electronic fingerprint impressions at a Webcheck provider in Ohio. Webcheck provider locations can be found by visiting the Ohio Attorney General's Webcheck Listing at www.pharmacy.ohio.gov/webcheck.

   While at the Webcheck (BCI & FBI) provider site the individual should:

   - Request both a BCI and FBI criminal records check
   - Pay the required fees directly to the Webcheck provider
   - Request the background check results be sent **electronically (direct copy)** to: Ohio Board of Pharmacy, 77 S. High Street, 17th Floor, Columbus, OH 43215-6126.
   - Indicate the reason fingerprinted as: **ORC 4729.071**
   - If requested, list agency code as: **1AB002**

2. For individuals located outside the state of Ohio, submit fingerprint impressions via manual, ink submission directly to Ohio BCI by utilizing the appropriate fingerprint cards. Contact Ohio BCI at 877-224-0043 to request cards.

   The individual will be required to locate an agency to ink and roll their fingerprints directly onto the provided cards. Many local law enforcement agencies offer this service and may charge a processing fee. Applicants are strongly encouraged to complete multiple cards in the event the fingerprint impressions are of poor or insufficient quality to complete a criminal records check. Only send one set of cards to Ohio BCI and maintain any extras in a secure manner.

   Send one set (1 for BCI and 1 for FBI) of completed fingerprint cards and two checks (one $22.00 check for BCI and one $24.00 check for FBI) written to "Treasurer, State of Ohio" to:

Ohio Bureau of Criminal Investigation
P.O. Box 365
London, OH 43140

IMPORTANT: Fingerprint cards and payments should not be sent to the Board of Pharmacy. Any fingerprint cards sent directly to the Board will be destroyed immediately upon receipt and the applicant will be required to complete new fingerprint cards.

PLEASE NOTE: Manual submission of fingerprint cards may cause the background check process to take over eight weeks. All applicants are strongly encouraged to submit electronic fingerprint impressions in-person at a WebCheck provider when possible. When mailing cards, the Board strongly recommends mailing in a manner that has up-to-date tracking information as this information may be requested by the Board to demonstrate the applicant's adherence to the application requirements.

Frequently Asked Questions

Q1) How many fingerprint cards should be completed?

A1) Each individual required to submit fingerprint impressions should complete **2 sets** of fingerprint cards. A set of cards is comprised of a BCI card (blue) and FBI card (black).

One set should be mailed with appropriate payment to Ohio BCI at the above listed address. Another set should be kept securely by an authorized individual. The additional set may be needed if the fingerprint impressions were insufficient or poor quality to properly conduct the background check. The Board will notify the applicant if this should occur.

Q2) How can we request fingerprint cards for our owners/officers?

A2) An applicant can obtain fingerprint cards two ways:

1. Directly requesting fingerprint cards from BCI by calling 1-877-224-0043. Be sure to indicate both BCI and FBI cards are needed and the total number of cards (2 sets of cards for each individual to be fingerprinted).
2. Emailing the Board at licensing@pharmacy.ohio.gov. In your email please be sure to include the Business Name, Application/License number, and the number of individuals that will need to complete fingerprint cards. Please be aware, the Board only sends fingerprint cards twice a month. Therefore, cards should be requested well in advance of application submission.

Q3) How long will it take to process a criminal records check?

A3) Generally, criminal records check results are processed within 30 days upon receipt of completed fingerprint cards to BCI. Criminal records checks are processed directly by BCI. Therefore, the Board does not have direct control over the receipt or timeline for processing. Failure to complete the cards or payment properly will delay the results.

Q4) Can we apply before or while our criminal records checks are in process?

A4) Yes, the Board does not prohibit the submission of an application prior to the submission of a criminal records check. **However, please be aware that failure to complete the criminal records check requirements prior to application submission can result in a significant delay in processing by the Board's Licensing Department.**

Q5) I am applying on behalf of a publicly traded corporation, how do I obtain a waiver related to criminal records checks?

Per OAC 4729:6-2-03(A)(3), publicly traded corporations may submit a request asking for an exemption to the criminal records check requirements for individuals who may operate the company (e.g., the CEO of the corporation) but are not practical for the purposes of licensure. An example is if the CEO of a company is in another country and the company has a corporate officer responsible for the operations of the corporation in the US. The Board could waive the requirement for the CEO to submit fingerprints and, instead, accept the

results for the corporate officer or officers that have direct oversight over the licensed operation.

Waivers are not automatic and must be submitted to the Board for approval. To request a waiver, an applicant must submit the following information via email (licensing@pharmacy.ohio.gov) with the following information:

- Applicant name
- Organizational structure of the corporation (e.g., Table of Organization) that includes all corporate officer positions responsible for directing the distribution of drugs for the applicant.
- Contact information where additional information may be requested to include: Name, title, email address, and contact phone number (with area code).
- Requests must be submitted to: licensing@pharmacy.ohio.gov

Please allow 7-14 business days to process your request.

Distributor of Dangerous Drugs* - Officer/Owner/Responsible Person Criminal Records Check Form

Instructions: *A distributor of dangerous drugs includes all the following license types: manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs, and wholesale distributor of dangerous drugs (includes broker and virtual wholesaler).*

Submit this form with your applications as part of the eLicense Ohio system.

Please review the information in the first half of this document before completing this form.

PART 1 – Applicant Information – provide the information as it is listed on the application.

Legal Business Name:	Application or License Number:
Doing Business As (DBA) or Trade Name:	Business type of entity: *If not listed below, please enter the information and a brief description in the drop down box.* Corporation
Primary Contact Name:	Primary Contact Email:

PART 2 – Responsible Person and Owner/Officer Information – provide the full <u>legal</u> name
(no nicknames), title, ownership interest, and last four digits of the SSN for the individual(s) required to submit fingerprint impressions for criminal records checks.

First Name	Last Name	Title/Role	Ownership Interest (%)	Last Four Digits SSN
Responsible Person:				
Owners/Officers:				

Are any of the individuals listed above a responsible person, owner, and/or officer on any other license issued or pending with the Ohio Board of Pharmacy?

Yes	No
◯	◯
If yes, indicate the individual's name(s) and which license number(s) (beginning with 01) and licensee business name(s).	

PART 3 – Fingerprint Submission Information

Have fingerprint impressions for the individuals listed below already been submitted to Ohio BCI for processing?	Yes ◯	No ◯
Date fingerprint impressions were submitted:		
Describe how fingerprint impressions submitted – in-person at an Ohio WebCheck provider, manual, ink submissions, etc. If cards were mailed to Ohio BCI, provide the carrier used and tracking number.		

PART 4 – Acknowledgement & Signature (Digital and Wet Ink Signatures Accepted)

I ACKNOWLEDGE BY SIGNING ON BEHALF OF THE BUSINESS ENTITY APPLYING FOR LICENSURE AS A DISTRIBUTOR OF DANGEROUS DRUGS THAT THE INDIVIDUALS LISTED ABOVE ARE REQUIRED BY SECTION 4729.53 OF THE OHIO REVISED CODE AND RULE 4729:6-2-03 OF THE OHIO ADMINISTRATIVE CODE TO BE LISTED ON THE APPLICATION AND SUBMIT FINGERPRINT IMPRESSIONS FOR OHIO BCI AND FBI CRIMINAL RECORDS CHECKS. I ALSO UNDERSTAND THAT FAILURE TO TIMELY SUBMIT FINGERPRINT IMPRESSIONS MAY DELAY IN THE PROCESSING OF THE ENTITY'S APPLICATION AND CAN RESULT IN THE APPLICATION BEING ABANDONED AND APPLICATION FEES FORFEITED.

SIGNATURE	**Date Signed**

PRINT OR TYPE FULL NAME