



## **Designated Representative Application and Renewal Attestation Form**

**Updated 2/3/2025**

### **Instructions:**

- For use by home medical equipment services provider applicants, licensees, or registrants only.
- This form should be uploaded, for inclusion in your application filing using Ohio's [eLicense system](#).

# Designated Representative Application and Renewal Attestation Form



**Instructions:** *This form must be submitted with an application or license/registration renewal in the [eLicense system](#).*

**Part 1 – Designated Representative Information** - To be completed by the applicant's Designated Representative.

<b>Designated Representative First Name</b>	<b>Designated Representative Last Name</b>
<b>Year of Birth (YYYY)</b>	<b>Last Four Digits SSN</b>
<b>Applicant Business Name</b>	

**Part 2 – Attestation by Designated Representative** - To be completed by the applicant's Designated Representative. The designated representative may sign using a digital or wet ink signature.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4752. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE <b>TRUE, CORRECT, AND COMPLETE.</b>	
<b>Signature of Applicant's Designated Representative</b>	<b>Date Signed</b>
<b>Print Name of Designated Representative</b>	