

Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

# **Change of Designated Representative Form**

### Updated 1/7/2025

Rule <u>4729:11-2-02 of the Ohio Administrative Code</u> requires any change of designated representative to be reported within <u>ten days</u> of the effective date of the appointment of the new designated representative.

This signed form must be <u>electronically submitted</u> to the Board to meet the notification requirements in administrative rule.

77 S. High Street, 17<sup>th</sup> Floor Columbus, OH 43215 U.S.A. Phone: 614 | 466 4143 Fax: 614 | 752 4836



# Change of Designated Representative Form



**Instructions:** This form must be submitted in the <u>eLicense</u> system under the additional documentation section. Instructions for submitting additional documentation in eLicense can be accessed <u>here.</u>

Name as it Appears on License/Registration	License No.
Area Code / Phone #	Area Code / Fax #
E-mail Address:	Effective Date of Change of Designated Representative
First Name of New Designated Representative	Last Name of New Designated Representative

#### PART 1 – LICENSEE or REGISTRANT INFORMATION

#### PART 2 – DESIGNATED REPRESENTATIVE LEGAL AND DISCIPLINARY QUESTIONS

Answering incorrectly could be a violation of Ohio law; see ORC 4752.09 and 2921.13.

For more information on answering the legal/disciplinary questions, visit: <u>www.pharmacy.ohio.gov/legalquestions</u>

### \*\*If the answer to any of the following questions is yes, include a detailed account (including date, place, circumstances, and disposition of the matter), and copies of relevant documents (such as court pleadings or orders, or other agency orders/dispositions)\*\*

	DESIGNATED REPRESENTATIVE been denied the right to work in any facility by the State of Ohio Board y as part of an official board order?
Yes	Νο
	DESIGNATED REPRESENTATIVE been denied the right to work in a facility by another professional ency as part of an official order of that agency?
Yes	Νο
	ne past 10 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges , a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised
Yes	Νο

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2d. Has the DE	2d. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, any other				
felony under state or federal law?					
Yes	Νο				
2e. Has the DE	SIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for a misdemeanor				
	related to, or committed in, the person's provision of HME services, regardless of the jurisdiction in which the act				
was committe					
was commete					
Yes	Νο				
ies	NU				
	CICNATED DEDDECENTATIVE have dissiplined by the State of Ohio Decend of				
	SIGNATED REPRESENTATIVE been disciplined by the State of Ohio Board of				
	suant to Chapter 4729. of the Revised Code, except for a disciplinary action related to the failure to				
timely obtain	continuing education required pursuant to agency 4729. of the Administrative Code?				
Yes	Νο				
2g. Has the DE	SIGNATED REPRESENTATIVE ever been excluded or directed to be excluded from participation in a				
Medicare or st	rate health care program, or is any such action pending?				
Yes	Νο				
2h. Has the DE	SIGNATED REPRESENTATIVE been subject to a disciplinary action that resulted in the suspension,				
	rrender or revocation of the person's license, registration, certification or accreditation by an				
accrediting agency or a licensing or certification agency of any state or jurisdiction?					
accreating agency of a accosing of certification agency of any state of jurisdiction.					
Yes	Νο				
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2i. Has the DESIGNATED REPRESENTATIVE been subject to a disciplinary action that was based, in whole or in part,
on the person's provision of home medical equipment services by an accrediting agency or a licensing or
certification agency of any state or jurisdiction?

Yes No

2j. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?

Yes No

2k. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section <u>4776.10</u> of the Ohio Revised Code?

Yes No

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#### **PART 3 - STATEMENT OF DESIGNATED REPRESENTATIVE**

Statement must be signed (digital or wet ink signature is acceptable) and dated by the individual who will be responsible at this location (i.e. the Designated Representative).

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. and 4752. OF THE OHIO REVISED CODE THAT THIS FORM IS **TRUE, CORRECT, AND COMPLETE**. I HEREBY AGREE TO AND DO SUBMIT 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., 4729., and 4752. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

Signature of Designated Representative	Date Signed	PRINT OR TYPE FULL NAME
Phone (including area code)	E-mail Address	
Date of Birth	Social Security Number	

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