



APPLICATION FOR CHANGE OF ADDRESS AND/OR CATEGORY (IN-STATE ONLY)

CAREFULLY READ ALL INSTRUCTIONS PRIOR TO COMPLETING APPLICATION – Failure to complete all required fields, provide necessary supplemental documentation and correct fee will delay the application process.

If a question is not applicable, answer as N/A.

APPLICATION FEE FOR A LICENSE:

CATEGORY II LICENSE WITH NO CONTROLLED SUBSTANCES IS \$160.00

CATEGORY III LICENSE WITH CONTROLLED SUBSTANCES IS \$220.00

THIS APPLICATION IS FOR THE FOLLOWING:

- In-state facilities and practitioners who wish to change address and/or category ONLY.

Note: Any other changes please submit the appropriate application located on the website at: www.pharmacy.ohio.gov

**APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET,
17TH FLOOR, COLUMBUS, OHIO 43215**

PLEASE MAKE CHECKS PAYABLE TO "TREASURER, STATE OF OHIO"





**CHANGE OF ADDRESS OR CATEGORY
IN-STATE TERMINAL DISTRIBUTORS ONLY**

Please make check payable to "Treasurer, State of Ohio"

APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OH 43215

PLEASE TYPE OR PRINT LEGIBLY

1. LICENSE REQUEST

Change	Proposed date of change	Current TDDD License Number
If change, select ALL that apply:		
Address	Category	

2. NAME OF BUSINESS BEING LICENSED - name under which this applicant will be doing business, address, phone number, and mailing address if different than above.

Business Name (i.e. reflected by signage/how you will answer phone)			County
Street Address (No P.O. Box)	City, State	Zip Code	Phone (including area code)
Mailing Address, City, State, Zip Code (if different from above)			Fax (including area code)

3. CATEGORY OF LICENSE AND FEES (Check only ONE): Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections [4729.54](#), [4729.541](#), [4729.55](#), [4729.551](#) and [4729.552](#) of the Ohio Revised Code, as follows:

CATEGORY II - \$160.00 *This licensee may possess, have custody or control of, and distribute prescription drugs (including medical oxygen and other medical grade gases) that are **not controlled substances**.*

LIMITED CATEGORY II - \$160.00 *This licensee may only possess, have custody or control of, and distribute prescription drugs (including medical grade gases) that are **not controlled substances** approved by a Medical Director. **An addendum will be produced as part of the license, listing the drugs that have been approved by the Medical Director.***

CATEGORY III - \$220.00 *This licensee may possess, have custody or control of, and distribute prescription drugs, including controlled substances contained in Schedules II, III, IV, or V. This includes a license with a pain management clinic classification.*

LIMITED CATEGORY III - \$220.00 *This licensee may only possess, have custody or control of, and distribute prescription drugs, **including controlled substances** approved by a Medical Director. **An addendum will be produced as part of the license, listing the drugs that have been approved by the Medical Director.***

Note: VETERINARY FACILITY - \$60.00 *The applicant must indicate one of the categories above on the application, but fee is reduced by law, ORC 4729.54(G)(2).*

Drug Enforcement Administration License Number (<i>for Category III only</i>):
--

For Ohio State Board of Pharmacy Use Only						
Control #	Amt Received	DE	Class	BT	Drug Category	TDDD License New # / Same #
					II III L	

77 South High Street, 17th Floor, Columbus, Ohio 43215



4. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS - Individual to contact if there are questions regarding the application (must be the Responsible Person or Designee) & the person who will receive your Ohio license.

Name	Title	
Phone (including area code)	E-mail	
E-mail of the individual that will print the license		Phone (including area code)

5. APPLICANT LEGAL AND DISCIPLINARY QUESTIONS – Failure to answer the following questions makes your application incomplete, delaying the licensing process. Answering incorrectly could be a violation of Ohio law, see ORC 4729.57 and 2921.13.

Please note that **Applicant** includes all the following (when applicable):

- The business entity
- Owner
- Operator
- Corporate officers, including: president, vice president, secretary, treasurer, CEO, CFO, or any equivalent position
- Partner(s)
- Sole proprietor
- Employees responsible for the provision of patient care at the facility (this includes contract prescribers and other healthcare professionals)
- Any other person with access to drug stock*

*Access to drug stock includes not only physical access, but also any influence over the handling of prescription drugs (i.e. dangerous drugs) such as purchases, inventories, issuance of medical orders, etc. It does not include employees/contractors such as maintenance, janitorial, IT or other staff that may need limited supervised access to areas where prescription drugs or D.E.A. controlled substance order forms are kept.

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

****If the answer to any of the following questions is yes, include the person’s title, duties, and responsibilities, 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)****

<p>5a. Has the applicant ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law?</p> <ul style="list-style-type: none"> ▪ This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. ▪ Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. <i>This applies to question 5a only.</i> ▪ Note: Minor misdemeanor drug convictions <u>are not</u> required to be reported. ORC 2925.11(D). <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>5b. Has the applicant ever been convicted of, or are there charges pending for, any other felony under state or federal law?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>5c. Within the past 10 years, has the applicant ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

5d. Has the applicant ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

Yes

No

5e. Has the applicant ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

Yes

No

5f. Has the applicant ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license or registration?

Yes

No

5g. Has the applicant ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

Yes

No

****If the answer to any of the following questions is yes, include the person's title, duties, and responsibilities, 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)****

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

6. RESPONSIBLE PERSON LEGAL AND DISCIPLINARY QUESTIONS - Failure to answer the following questions makes your application incomplete, delaying the licensing process. Answering incorrectly could be a violation of Ohio law, see ORC 4729.57 and 2921.13.

For more information on the required qualifications of the responsible person, visit: www.pharmacy.ohio.gov/responsible

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

****If the answer to any of the following questions is yes, include the person's title, duties, and responsibilities, 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)****

<p>6a. Has the responsible person ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law?</p> <ul style="list-style-type: none">▪ This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs.▪ Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof.▪ Note: Minor misdemeanor drug convictions <i>are not</i> required to be reported. ORC 2925.11(D). <p>Yes No</p>
<p>6b. Has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?</p> <p>Yes No</p>
<p>6c. Within the past 10 years, has the responsible person ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.</p> <p>Yes No</p>
<p>6d. Has the responsible person ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medical, dental, nursing, pharmacy, etc.)?</p> <p>Yes No</p>
<p>6e. Has the responsible person ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?</p> <p>Yes No</p>
<p>6f. Has the responsible person ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?</p> <p>Yes No</p>
<p>6g. Has the responsible person ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?</p> <p>Yes No</p>

6h. Has the responsible person ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

Yes

No

6i. Has the responsible person ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the responsible person's license or registration?

Yes

No

6j. Has the responsible person ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the responsible person's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

Yes

No

6k. Has the responsible person ever been convicted of a traffic offense involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction – was ultimately reduced or plead to a different offense other than the original charge?

Yes

No

7. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS

Statement must be signed (**wet ink – NO COPIES**) and dated by the individual who will be responsible for the supervision and control of the dangerous drugs and drug records at this location (i.e. the Responsible Person). *The Responsible Person is also responsible for ensuring that the application is true, correct and complete.*

For more information on the required qualifications of the responsible person, visit: www.pharmacy.ohio.gov/responsible

I HEREBY AGREE to and assume the responsibility for supervision and control over the possession and custody of the dangerous drugs and drug records that may be acquired/maintained by, or on behalf of, the applicant pursuant to Section 4729.55 of the Ohio Revised Code and Rule 4729-5-11 of the Ohio Administrative Code.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor of Dangerous Drugs, drugs may be purchased only within the requested category of license from Wholesale Distributors of Dangerous Drugs licensed in the State of Ohio by the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be provided to the State of Ohio Board of Pharmacy as required in Rule 4729-9-07 of the Ohio Administrative Code.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT I AM AUTHORIZED TO PURSUE THIS APPLICATION ON BEHALF OF THE ENTITY LISTED IN THIS APPLICATION AND THAT THIS APPLICATION IS **TRUE, CORRECT, AND COMPLETE**. I HEREBY ACKNOWLEDGE THAT IF THE LICENSE APPLIED FOR IS GRANTED, THE LICENSE-HOLDER AND I SHALL 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. AND 4729. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

SIGNATURE of Responsible Person	Date Signed	PRINT OR TYPE NAME
Phone (including area code)	E-mail Address	
Date of Birth	Social Security Number	

Qualifications of Responsible Person

RPh License Number:

MD/DO License Number:

DVM License Number:

DDS License Number:

DPM License Number:

RN/LPN License Number: **FOR RSOX TDDD License Only**

APN License Number: **Must also submit signed APN statement available here: www.pharmacy.ohio.gov/APNRP**

PhD / Chemist Title: **Date of Birth:**

Other Title: **Social Security Number:**

**COMPLETION OF THIS FORM IS REQUIRED BY O.R.C. SECTION 4729.54
MAXIMUM PENALTY: DENIAL OF LICENSE**