Responsible Person Request for More Than One PMC

Updated 2/4/2025

OAC 4729:5-2-01 requires written requests for being a responsible person at more than one location holding a terminal distributor of dangerous drugs with a pain management clinic classification be submitted to the Board using this form.

The Board may impose conditions on all approved requests, including requirements that requests be submitted for reapproval at intervals determined by the Board.

Instructions:

- For use by terminal distributors of dangerous drugs with a pain management clinic classification (see OAC 4729:5-11).
- Completed form and any supporting materials must be emailed to: new.license@pharmacy.ohio.gov.

77 S. High Street, 17th Floor
Columbus, OH 43215 U.S.A.

Phone: 614 | 466 4143
Fax: 614 | 752 4836

Responsible Person Request for More Than One PMC

Instructions: *Complete the form, sign (electronically or using wet ink), and date. The completed form and any supporting materials must be emailed to: new.license@pharmacy.ohio.gov.*

Full Name of Responsible Person	**Professional License Number (if applicable)**	
PMC Location Name #1	**TDDD License Number #1**	**DEA #**
PMC Location Address #1		
PMC Location Name #2	**TDDD License Number #2**	**DEA #**
PMC Location Address #2		

If you wish to be the Responsible Person at more than two locations, attach an additional sheet with the PMC name, TDDD license number, DEA #, and address of each location.

Have you received prior approval?

◯ Yes, Provide date(s): _____ ◯ No

Failure to answer all the questions makes your request incomplete and could delay the review process. Attach an additional sheet if you require more space for your responses (include a corresponding question number)

1) Why do you want to be the Responsible Person for more than one PMC? Provide any other narrative or documentation you believe will assist the Board in processing your request.

2) Describe the nature and/or business at each location (including the number of patients treated for pain and if the prescribers are registered and using OARRS)?	
PMC Location #1:	PMC Location #2

3) What are the hours of operation for each location?	
PMC Location #1:	PMC Location #2:

4) How many hours will you, the Responsible Person, work at each location, what dates and times will you be present at each location?	
PMC Location #1:	PMC Location #2:

7) How many physicians or prescribers work at each location? Provide their name, license member, and if they are full-time or part-time.	
PMC Location #1:	PMC Location #2:

8) Do you personally furnish (provide medication for patients to take home for future use, even if only one dose) at either location? If yes, list the medications that are personally furnished? If you are personally furnishing controlled substances, are you reporting these transactions to OARRS?

Attestation by the Responsible Person - *To be completed by the responsible person (RP) of the pain management clinic. The RP may sign using a digital or wet ink signature.*

<table>
<tr><td colspan="3">I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.</td></tr>
<tr><td>Print/Type Name of Responsible Person</td><td>Signature of Responsible Person</td><td>Date</td></tr>
<tr><td colspan="2">Email Address</td><td>Contact Phone Number (including area code)</td></tr>
</table>

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