



**2019 EMS RENEWAL APPLICATION  
EMS AGENCY TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS**

**FOR USE BY EMS AGENCIES ONLY. ALL OTHER LICENSEES MUST [RENEW ONLINE](#).**

Carefully read all instructions. **FAILURE TO COMPLETE ALL FIELDS AND SUBMIT THE CORRECT FEE WILL DELAY THE APPLICATION PROCESS.** If a question is not applicable, answer as N/A.

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

**APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET, 17<sup>TH</sup> FLOOR, COLUMBUS, OH 43215**

**IMPORTANT: Each license needs its own renewal application. If a licensee has a headquarters and four satellite locations, that licensee must submit five renewal applications.**

**1. APPLICATION TYPE** – Indicate the if this is a renewal or change/renewal.

Renewal Only	Date of change (if renewal only write N/A)	Current TDDD license number as indicated on renewal notice (9 or 10 numerical digits, beginning with 02)
Change & Renewal		

If change & renewal, select **ALL** that apply:

Category (indicate new category in 3)	Address (provide new address in 2)	Other, please specify:
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**2. NAME & ADDRESS OF LICENSEE** – If change of address is indicated above, please include updated address information.

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

**3. LICENSEE TYPE AND CATEGORY** - Indicate the type of EMS location and Category for this license.

EMS Headquarters – Limited Category II	EMS Satellite – Limited Category II
EMS Headquarters – Limited Category III	EMS Satellite – Limited Category III

**Limited Category II** - 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.

**Limited Category III** - This licensee may only possess, have custody or control of, and distribute prescription drugs, **including controlled substances** approved by a Medical Director.

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

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



**4. LICENSE RENEWAL FEE** – Please submit the appropriate payment with this application. *Make check payable to "Treasurer, State of Ohio".*

- EMS Headquarters – Limited Category II: \$320.00
- EMS Headquarters – Limited Category III: \$440.00
- EMS Satellite – Limited Category II and Limited Category III: \$120.00

**5. INDIVIDUAL TO CONTACT REGARDING THE LICENSEE** – Individual to contact if there are questions regarding the renewal application.

Name	Title
Phone (including area code)	E-mail

**6. 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](http://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><b>6a. In the last 18 months, has the applicant ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law?</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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 9a only.</i></li> <li>▪ Note: Minor misdemeanor drug convictions <u>are not</u> required to be reported. ORC 2925.11(D).</li> </ul> <p style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b> </p>	
<p><b>6b. In the last 18 months, has the applicant ever been convicted of, or are there charges pending for, any other felony under state or federal law?</b></p> <p style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b> </p>	
<p><b>6c. In the last 18 months, 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.</b></p> <p style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b> </p>	

**6d. In the last 18 months, 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

**6e. In the last 18 months, 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

**6f. In the last 18 months, 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

**6g. In the last 18 months, 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](http://www.pharmacy.ohio.gov/legalquestions)

**7. 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 answering the legal/disciplinary questions, visit: [www.pharmacy.ohio.gov/legalquestions](http://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)\*\***

**7a. In the last 18 months, 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?**

- 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 are not required to be reported. ORC 2925.11(D).

Yes                  No

**7b. In the last 18 months, has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?**

Yes                  No

<p><b>7c. In the last 18 months, 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.</b></p>	
Yes	No
<p><b>7d. In the last 18 months, 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.)?</b></p>	
Yes	No
<p><b>7e. In the last 18 months, has the responsible person ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section <a href="#">4776.10</a> of the Ohio Revised Code?</b></p>	
Yes	No
<p><b>7f. In the last 18 months, 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?</b></p>	
Yes	No
<p><b>7g. In the last 18 months, 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?</b></p>	
Yes	No
<p><b>7h. In the last 18 months, 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?</b></p>	
Yes	No
<p><b>7i. In the last 18 months, 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?</b></p>	
Yes	No
<p><b>7j. In the last 18 months, 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?</b></p>	
Yes	No
<p><b>7k. In the last 18 months, 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?</b></p>	
Yes	No

