



OUT-OF-STATE SHIPMENT NOTIFICATION FORM

Pursuant to [Board guidance](#) issued on March 24, 2020, this notification form must be completed and submitted prior to any unlicensed pharmacy, wholesale distributor of dangerous drugs, third-party logistics provider, or manufacturer of dangerous drugs shipping non-reportable dangerous drugs that are in shortage to any Ohio terminal distributor of dangerous drugs. **Completed forms must be submitted electronically to: compliance@pharmacy.ohio.gov**

IMPORTANT: Only one form per out-of-state facility must be submitted prior to shipping non-reportable drugs in shortage to an Ohio terminal distributor of dangerous drugs.

PART 1 – UNLICENSED FACILITY INFORMATION – Complete all the information for the unlicensed facility. Each unlicensed facility must submit a separate form.

Facility Name		Facility's Home State	
Home State License Number		Type of Facility (select one)	
Address of Facility		City	Zip Code
Full Name of Facility Contact Person	Contact Person's Phone	Contact Person's Email	

PART 2 – DESCRIPTION OF DRUGS INTENDED TO BE SHIPPED – Provide a brief description of the types of drugs that will be shipped into the state by the unlicensed facility.

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PART 3 – ATTESTATION – To be completed by a person who has the authority to sign on behalf of the unlicensed facility. Electronic or digital signatures **will not** be accepted.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE, CORRECT, AND COMPLETE. I FURTHER ATTEST THAT THE FACILITY LISTED IN PART A THIS FORM WILL COMPLY WITH THE GUIDANCE ISSUED ON MARCH 24, 2020 AND ANY SUBSEQUENT UPDATES ISSUED BY THE BOARD OF PHARMACY.		
Signature of the Person Authorized to Sign on Behalf of the Facility		Date Signed
Print or Type Full Name	Contact Email	Contact Phone (inc. area code)

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

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