



**PART 4 – ATTESTATION** – To be completed by the terminal distributor’s responsible person. 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 1 OF THIS FORM WILL COMPLY WITH THE WAIVER AND [GUIDANCE ISSUED ON MARCH 31, 2020](#) AND UPDATED ON APRIL 1, 2020 AND ANY SUBSEQUENT UPDATES ISSUED BY THE BOARD OF PHARMACY, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- THE TERMINAL DISTRIBUTOR SATELLITE LOCATION AND ITS PARENT LICENSED LOCATION ARE SUBJECT TO MINIMUM REQUIREMENTS TO OPERATE AS SET FORTH IN SECTION 4729.54 OF THE REVISED CODE.
- THE TERMINAL DISTRIBUTOR SATELLITE LOCATION AND ITS PARENT LICENSED LOCATION ARE SUBJECT TO THE SAME DISCIPLINARY MEASURES SET FORTH IN SECTIONS 4729.57 AND 4729.571 OF THE REVISED CODE, INCLUDING SUMMARY SUSPENSION OF EITHER THE SATELLITE LOCATION OR THE PARENT LICENSED LOCATION, OR BOTH, SHOULD THE BOARD BE PRESENTED WITH CLEAR AND CONVINCING EVIDENCE OF A DANGER OF IMMEDIATE AND SERIOUS HARM TO OTHERS.
- THE TERMINAL DISTRIBUTOR AGREES TO RETURN ALL DANGEROUS DRUGS TO A LICENSED LOCATION AT UPON THE TERMINATION OF THE [WAIVER ISSUED ON MARCH 31, 2020](#).

Signature of the Terminal Distributor’s Responsible Person		Date Signed
Print or Type Full Name	Contact Email	Contact Phone (inc. area code)

**Submission Instructions** - Completed forms and any attachments must be submitted electronically as a single .PDF file.

**Step 1:** Visit [www.pharmacy.ohio.gov/upload](http://www.pharmacy.ohio.gov/upload)

**Step 2:** Enter the license number of the terminal distributor and the licensee’s security code. If you do not have your code, click [here](#).

**Step 3:** Enter the email address where you would like confirmation that the request has been submitted. You may enter multiple emails separated by a semicolon.

**Step 4:** Select “Terminal Distributor Satellite Registration Form” as your document type and upload your request as a single PDF file. Then click submit document.

**Step 5:** You will receive an email confirming your registration has been processed.

The screenshot shows the 'DOCUMENT UPLOAD' page on the State of Ohio Board of Pharmacy website. The page header includes the Board of Pharmacy logo and navigation links: ABOUT, OARRS, PUBLICATIONS, LICENSING / CE, LAWS & RULES, LAW ENFORCEMENT, and FAQ. A 'CONTACT US' button is in the top right. The main heading is 'DOCUMENT UPLOAD' with a sub-heading 'Use the fields below to upload your license document(s)'. A 'LOG OUT' button is in the top right of the form area. The user is logged in as 'Test Pharmacy License' with license number '010000000' and type 'Terminal - Pharmacy - Category 3'. The 'Email Address(s)' field contains 'error@ohioomp.gov'. The 'Document Type' dropdown is set to 'Terminal Distributor Satellite Registration Form'. The 'Select PDF File' section has a 'Choose File' button and 'No file chosen' text. A 'SUBMIT DOCUMENT' button is at the bottom. A 'Related Links' section at the bottom left contains a link for 'Having trouble uploading a PDF? Click here to use our PDF creator'.