



TDDD Exemption Attestation Form

Updated 1/16/2025

This form may be used by Ohio locations claiming exemption from Board of Pharmacy licensure as a terminal distributor of dangerous drugs (TDDD) prior to the purchase of prescription drugs.

Per [Ohio law and Board of Pharmacy rules](#), a drug distributor or terminal distributor engaged in wholesale sales (including occasional wholesale sales pursuant to OAC [4729:5-3-09](#)) must verify licensure of the purchaser as a TDDD or that the purchaser meets any of the following exemptions under Ohio law:

- **Exemptions for Prescriber Practices**
(<http://www.pharmacy.ohio.gov/prescriberTDDD>)
- **Exemptions for Non-Prescriber Practices**
(<http://www.pharmacy.ohio.gov/NppTDDD>)

This form complies with license verification requirements of OAC [4729:6-3-04](#) (D) and [4729:5-3-04](#) (E), except that the seller must also make sure to verify the ordering prescriber, if applicable, is appropriately licensed in this state. Verification of a prescriber's individual licensure can be completed using the [eLicense Ohio license look-up feature](#).

REMINDER: Ohio rules require exemption verification to be completed prior to initial sale (including no-cost sales) and annually thereafter if sales continue to that exempted location.

For more information regarding license verification, visit:

www.pharmacy.ohio.gov/verify.

Entities claiming an exemption are strongly encouraged to consult with their legal counsel prior to submitting this form. Falsification of this form may result in administrative or criminal penalties for the entity claiming an exemption. The form does not bind the Ohio Board of Pharmacy, and does not confer any rights, privileges, benefits, or immunities for or on any person, applicant, or licensee.

TDDD Exemption Attestation Form



Part I – Exempt Purchaser Information

Type of Exempted Purchaser Exempted Prescriber Practice Exempted Non-Prescriber Practice	
Name of Purchaser	
Name of Purchaser's Prescriber (if Applicable)	Prescriber License No. (if Applicable)
Type of Prescriber License [MD/DO/APRN/DDS/PA/VET/etc.] (if Applicable)	
Purchaser's Address (Street, City, State & Zip Code)	

Part II – Attestation by Purchaser – *The purchaser may sign using a digital or wet ink signature.*

<p>I hereby attest that I have reviewed the applicable documents related to Board of Pharmacy licensure as a terminal distributor of dangerous drugs that are linked to on page 1 of this document.</p> <p>I further attest that the location listed in Part I of this form is exempted from licensure as a terminal distributor of dangerous drugs in accordance with Chapter 4729 of the Revised Code and rules adopted thereunder.</p>	
Signature of Purchaser	Date Signed
Printed Name of Purchaser	Contact Email