



Home Medical Equipment Service Providers Certification of Accreditation

Updated 2/3/2025

Ohio law requires the Ohio Board of Pharmacy to adopt rules specifying the national accrediting bodies for the purposes of registering Home Medical Equipment Service Providers (e.g., registered home medical equipment service providers).

A list of approved national accrediting bodies can be accessed here:

www.pharmacy.ohio.gov/HMEaccredit.

Instructions:

- Complete the applicant section of this form and forward to your accrediting organization.
- This form should be uploaded, for inclusion in your application filing using Ohio's [eLicense system](#).
- Do not apply for your license until your accrediting organization has completed this form.

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Part 1 – To Be Completed by the Applicant

Legal Name of Business	Telephone Number (include area code)
Address (Street, City, State & Zip Code)	

I hereby authorize _____ to furnish to the Ohio Board of Pharmacy, the information requested in Part 2 of this document.

Signature of Owner or Authorized Representative	Date
Name of Owner or Authorized Representative	

Part 2 – To Be Completed by the Accrediting Agency - Indicate N/A for items that are not applicable

Name and Address of Accrediting Agency	
Applicant's Accreditation Number	Accreditation Status
Date of Initial Accreditation	Accreditation Expiration Date

Have any inspections of the applicant produced a deficiency rating resulting in less than full accreditation?
(If yes, please explain / if no, indicate N/A)

Part 3 – Attestation by Accrediting Agency - To be completed by the authorized representative of the accrediting agency. An authorized representative may sign using a digital or wet ink signature.

Signature of Accrediting Agency Authorized Representative	Date
Name and Title of Accrediting Agency Authorized Representative	