



Home Medical Equipment Services Provider Written Notice of Discontinuing Business

1. Complete the form, sign using wet-ink, and date.
2. Make a copy for your file.
3. Submit to the Board via email (new.license@pharmacy.ohio.gov) or via [eLicense Ohio](#).

Part 1 – Licensee/Registrant Information

Business Name	Licensee/Registrant Number
Street Address	County
City, State, Zip	Phone (XXX-XXX-XXXX)

Part 2 – Date of Discontinuation

Date of Discontinuation (MM/DD/YYYY)	(Select One) Actual	Proposed
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A licensee or registrant who plans to discontinue business activities must file a notice with the Board of Pharmacy at least thirty days in advance of the proposed date of discontinuing business, unless waived by the Board's Director of Licensing due to extraordinary circumstances beyond the provider's control.

If the proposed date of discontinuation is in less than thirty days, provide a detailed explanation.



Part 3 – Location Where Required HME Records will be Maintained

Required records are those maintained in accordance with rule [4729:11-3-02](#) of the Administrative Code.

Location Name	License/Registration Number (if applicable)
Street Address	County
City, State, Zip	Phone (XXX-XXX-XXXX)

(Attach separate sheet if records are being maintained at multiple locations.)

Part 4 – Attestation by Designated Representative - To be completed by the licensee or registrant's designated representative. Must be manually signed in ink.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4752. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.	
Signature of Designated Representative	Date Signed
Print Name of Designated Representative	