

Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

eLicense Guide: Terminal Facility – Veterinary Clinic License Application

Updated 3/27/23

Terminal Facility – Veterinary Medicine License Application Required Information and Documentation:

- Applicant Attestation form, found <u>here</u>.
- Responsible Person Attestation form, found <u>here</u>.
- Articles of Incorporation/Formation (if applicable).
- Criminal conviction or disciplinary action documentation (*if applicable*).
- Valid payment via credit card (Visa, MasterCard, or Discover) for the \$123.50 application fee (\$120.00 licensing fee / \$3.50 eLicense transaction fee).

Accessing Application:

- 1. Using <u>Google Chrome</u> as your web browser, access the portal using the eLicense Ohio system at <u>eLicense.ohio.gov</u>.
- Login to your current license account. This is the same username and password you utilize your veterinary license with the Ohio Veterinary Medical Board.
 *For assistance accessing your eLicense Ohio account, please contact the eLicense Customer Service Center at 855-405-5514, Monday Friday, 8:00am to 5:00pm ET.

Completing the Application:

1. BUSINESS INFORMATION: Enter all business information – primary contact, email address, phone number, mailing and public (physical location) address – and select 'Save and Continue'.

77 S. High Street, 17th Floor Columbus, OH 43215 U.S.A. Phone: 614 | 466 4143 Fax: 614 | 752 4836



- **2. APPLICATION QUESTIONS:** This section will have questions related to your business entity, business practice, legal/disciplinary action history, and responsible person information. Answer all questions truthfully and select 'Save and Continue'.
- **3. ATTACHMENTS:** The entity will also be required to upload attestation forms signed by the Applicant and the Responsible Person. An applicant must be anyone with legal signing authority for the business entity. These forms are permitted to be signed by the same individual. Other attachments may be required based upon answers to questions in the previous section. Upload the required documentation then select 'Save and Continue'.

o Applicant Attestation form, found <u>here</u>.

- o Responsible Person Attestation form, found <u>here</u>.
- **4. REVIEW & SUBMIT:** The system will verify you have completed all required questions and attachments. Select the 'Consent to Electronic Signature' check box and input the applicant's first and last name in the box provided. Select 'Submit' to proceed to payment.
- **5. CART:** Click the 'Select All' check box then 'Continue' to checkout then 'Continue' again to proceed to the payment screen.
- **6. PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue' then select 'Submit' on the next screen. *Important The billing information must match identically to the information on file with the financial institution.*

If you need help or have questions pertaining to your license application please e-mail <u>licensing@pharmacy.ohio.gov</u>. For quickest response time, please include your name, telephone number, and application number which can be found on your eLicense Ohio dashboard.

TERMINAL – FACILITY – VETERINARY MEDICINE – CATEGORY 3 APPLICATION:

From your dashboard, select your name in the top right corner then select **Manage Business**.

Ohio Professional Licensure	UPDATE EMAIL DASHBOA	RD LICENSE LOOK-UP	FILE A COMPLAINT	
Notice: Payment processing could be delayed at this time. Have a licensing question? Contact your licensing board Technical Support - Help desk representatives are availab Callers may experience extended wait times due to the high If you're experiencing technical issues with the eLicense we	Please allow 24 hours for the system or check their website. Help desk re le to answer login or registration qu i number of calls. If you're unable to belte, make sure you are using Go	to process and register yo presentatives are not traine actions by calling (855) 405 wait for a representative, y gle Chrome or Mozilla Firef	ur payment. d to answer licensing questi 5514 weekdays from 8:00 am ou can leave a call back number ox as your browser.	MANAGE PROFILE MANAGE BUSINESS LOGOUT to 5:00 pm EST. xr
Welcome to your APPLY FOR A NEW LICENSE MY HISTORY Are you looking to apply for a new business license? Fin	eLicense I	Dashboa	rd	
Your Licenses				

On the Manage Business Page, select <u>Add a New Business</u> and input business information as required. Select **'Submit'** to proceed. Follow any onscreen prompts to update your profile.

Add Existing Business You can add an existing business if it has been previously registere	1. To do so, enter your security code an	id click "Submit". If you do not	have your security	~	
code, click 'Utilain Security Code.'					
			_	• •	
Add New Business To add a new business, complete the information fields below. Sele	1 the type of ownership from the 'Regi	stered As' dropdown menu. E	sch field noted with "" is		
a required field. Once you have completed all of the information, cli The account alias will be used to identify specific businesses if you	k 'Submit'. nanage multiple businesses with the s	arre name.			
			~		
Add New Business			Â		
To add a new business, complete the information fields below: Select the type a required field. Once you have completed all of the information, click 'Submit	of ownership from the 'Registered As' d	ropdown menu. Each field note	d with [™] is		
The account alias will be used to identify specific businesses if you manage m	ultiple businesses with the same name.				
Bosiness Name Sample Veterinary Clinic, LLC	0				
Decisional As Decision Business As					
* Limited Liability Company V Sample Vet Clinic	0				
Million Management and a second se					
x 00-0000000 x @					
Drimmer Contract Elect Name					
* Jane * Doe	Business Alias	0			
		11			
Primary Contact Ernal					
ianedoe@testemail.com					
Primary Contact Phone Number					
(614) 555-5555 Fills					
Business Erral - Official Convunications	_				
omcernanagengressernal.com					
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Adding A New Business			Novt Sta	n.	
You are submitting a request to add a new business. This request	will upgrade your		VEXI SIE	;μ.	
upper appoint to a huginess upper appoint. This process to the	forest managed back has				

Select Return to Dashboard.



Select **+Apply for a New License** to begin the application.

Welcome to your eLicense Dashboard
+ APPLY FOR A NEW LICENSE
Your Licenses To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

In the <u>License Selection</u> section, select the appropriate options – Board: Board of Pharmacy, License Type: Terminal – Facility – Veterinary Medicine – Category 3, and Application type: General Application. For the account, select the business account you just created.

	Select a Board				
License Selection Select the Board for which you are seeking a license. Next, select the license type, individual license, and	Board of Pharmacy	~			
	Select a License				
application type.	Terminal - Facility - Veterinary Medicine - Catego	~			
If you are applying with the Ohio Board of Nursing, Board of Pharmacy, the Speech and Hearing Professionals	Select an Application Type				
Board, or the Chemical Dependency Board and are unsure of what license to apply for, click here to access	General Application	~			
the license questionnaire.	Please select an account				
	None	~			
	None				
	Sample Veterinary Clinic, LLC				

In the <u>Eligibility</u> section, select **"Yes"** to the eligibility criteria. *If you see a different question, then you have selected the wrong license type.*



Review the Application Instructions and select **Save and Continue**.

BUSINESS INFORMATION:

Review and ensure all business information is correct, including primary contact name and email address.

Business	Business Name
Information	
Provide the necessary business	Doing Business As
information in the fields to the right.	Website
	Business Fax Number
	* Business Phone Number
	* Business Email
	Primary Contact First Name
	Primary Contact Last Name
	* Primary Contact Phone Number
	* Primary Contact Email

In the address section, select **+Add Address** in the License Mailing Address section. Input the address information and select **Save**.

License Mailing Address Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board	Use this address as Mailing Address Format US Address Street Address Line 1 T7 S. High Street
for this license). To add a new address, click Add Address, complete the required fields, and click SAVE.	Street Address Line 2 City State Zip Code Columbus H
License Public + ADD ADDRESS Address	County Franklin
Select a license public address by clicking the appropriate checkbox to the right. This address should be the PHYSICAL LOCATION of the business applying for licensure and will be viewable by the public. To add a new address, click Add Address, complete the required fields, and click Save.	CANCEL

If multiple results return, please select the address that is validated as noted with a \checkmark .



Repeat the steps under the License Public Address section or if the address is the same as the mailing address. Select the checkbox next to the address, then **Save as Public**. *IMPORTANT – the Public Address is the physical location where dangerous (prescription) drugs will be delivered and stored.* This can be a personal residence if appropriate.



Once all information is populated, select 'Save and Continue'.

SECONDARY EMAIL ADDRESS:

If you need to list another email address for the license, you may do so by selecting the pencil icon (\checkmark) and inputting the email address. Please note, only the email address listed in the **Business Email** field on the Business Information tab will receive official communications about the license.



APPLICATION QUESTIONS:

Answer all application questions and select '**Save and Continue**'. For more information regarding the legal and disciplinary questions, please visit: <u>www.pharmacy.ohio.gov/legal</u>.

Please select type of Business organization.	Do you store controlled substances in your office?
~	O Yes O No
Please select the business type below that represents the majority of your husiness model	
	Do you provide medication for your patients to take home?
· · · · · · · · · · · · · · · · · · ·	O Yes O No
Describe your business practice.	
	Do you compound sterile and/or non-sterile prescription drugs in your office or receive compounded drugs from an Outsourcer?
Describe your patient population.	
What types of dangerous drugs (i.e. prescription drugs) do you store and administer in your office?	

Has the APPLICANT ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).

○ Yes ○ No

Has the APPLICANT ever been convicted of, or are there charges pending for, any other felony under state or federal law?

⊖ Yes ⊖ No

Within the past 10 years, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.

O Yes O №

Has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

O Yes ○ No

Provide the name, title, phone number and email for the applicant. The applicant must be an individual who can legally sign for the company and can verify the information provided in this application is true, correct and complete.

~

Add Information

Please list Applicant's Name

Please list Applicant's Title

Please list Applicant's Phone Number

Please list Applicant's Email

Has the APPLICANT ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?



Has the APPLICANT ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license or registration?



Has the APPLICANT ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

O Yes ○ No

Has the RESPONSIBLE PERSON been charged with and/or convicted of two or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction – was ultimately reduced or plead to a different offense other than the original	Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?
charge?	U Yes U No
O Yes O No	Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?
Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment	O Yes O No
in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).	Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?
	Has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?
Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?	Yes O No
O Yes O No	
	Has the RESPONSIBLE PERSON ever been denied a license by the Drug
Within the nast 10 years, has the DESDONSIBLE DEDSON ever been convicted of	or is any such action pending?
or are there charges pending for, a misdemean thet offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.	Yes No
O Yes O No	Has the RESPONSIBLE PERSON ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the responsible person's license or registration?
	⊖ Yes ⊖ No
Provide the name, title, phone number and email of the Responsible Person. The Responsible Person is the individual responsible for the supervision and control of the dangerous drugs and drug records at this location. The Responsible Person is also responsible for ensuring that the application is true, correct and complete.	Does the Responsible Person hold a license as a Doctor of Veterinary Medicine (DVM) issued by the Ohio Veterinary Medical Licensing Board?
Pursuant to rule 4729-5-11 of the Ohio Administrative Code, only individuals with certain qualifications approved by the Board can serve as the Responsible Person on a license. The Board has issued a resolution specifying the qualifications for each category of license, which can be accessed here: www.pharmacy.ohio.gov/Responsible.	Please list Responsible Person's License Number
Add Information	
Please list Responsible Person's Name	
Please list Responsible Person's Title	

Please list Responsible Person's Phone Number

Please list Responsible Person's Email

ATTACHMENTS:

Upload the required attestation forms and the business formation and/or legal and disciplinary action documentation (if applicable). To upload, select the **Add Attachment** button and select the file saved on your device.



REVIEW & SUBMIT:

The system will check to ensure you have completed the application requirements. Once complete, review the attestation language. Select the checkbox and electronically sign by inputting the user's name in the text field.

Application Review	Completed
Attestation	I declare under penalties of falsification as set forth in Chapters 2921. And 4729. of the Ohio Revised Code that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license is applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code and all related laws and rules. I fully understand that submission of this application with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4729.26 of the Ohio Revised Code.
-	Consent to Electronic Signature I accept Type your First Name and Last Name as they appear on the application to sign electronically.
-	(TestPRX Account)
	(Jane Doe)

To submit the application, select **Submit**.



CART & PAYMENT:

You will be automatically directed the Cart to review and pay the license application fees. Select the check box for the application and then select **Continue.** Follow the prompts to complete payment.

Acceptable payment methods include Visa, MasterCard, and Discover. The Board does not accept electronic check or American Express. The billing information must match exactly with the information on file with your financial institution.

Dou								
Sele	ect All							
	icense Fee for APP-000704478							
	Туре	Created Date	Licensee Name	Total	Outstanding	Waived	State/Province	Reason for Submitting Service Request
	Terminal - Facility/Veterinary Medicine - Category 3 - Application- Fee	3/26/2023 4:16 PM		\$120.00	\$120.00			
	eLicense System Transaction Fee	3/26/2023 4:16 PM		\$3.50	\$3.50	\$0.00		
tal Di	ие: \$123.50 сонтіние							

If you need help <u>logging in</u> to your eLicense account, <u>registering</u>, or <u>any other technical</u> <u>issues</u> with eLicense Ohio, please call the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.