



Drug List – Limited Terminal Distributor License

To be completed by the applicant’s Responsible Person. If an EMS agency, the drug list must be signed by the agency’s Medical Director. Must be manually signed in ink.

If applying for a new license: This form must be submitted with an initial application in the [eLicense system](#).

If updating this list for an existing license: This document must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select "Drug List" as the document type.

IMPORTANT: When uploaded, this will replace the current drug list on file. The list should include all drugs (not just updates) that may be purchased and possessed by the licensee. [Click here](#) to review a licensee’s current drug list.

Brand/Generic Name	Strength to be stocked	Dosage Form

Duplicate this form as necessary

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE DRUGS LISTED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.	
Signature of Applicant’s Responsible Person / Medical Director	Date Signed
Print Name of Responsible Person	Professional License No.

