



**PHARMACY  
TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS**

**PLEASE TYPE OR PRINT LEGIBLY**

**1. LICENSE REQUEST**

Change  New	Proposed opening date or date of change <b>NOTE: DO NOT APPLY MORE THAN 90 DAYS BEFORE PROPOSED DATE OF OPEN</b>	If change, give current TDDD License Number
If change, select <b>ALL</b> that apply:  Name _____ Ownership _____  Other, please specify _____ <div style="border: 1px solid black; height: 20px; width: 80%; margin-top: 5px;"></div>		

**2. NAME OF BUSINESS BEING LICENSED** - Name under which applicant will be doing business, address, phone number, and mailing address if different than above.

Business Name (i.e. reflected by signage/how you will answer the phone)			County
Street Address ( <b>No P.O. Box</b> )	City, State	Zip Code	Phone (include area code)
Mailing Address, City, State, Zip Code (if different from above)			Fax (include area code)

**3. NAME OF BUSINESS SERVICING THE ENTITY LISTED IN #2** - **This is only applicable for nursing home/other institution contingency stock.**

Name as listed on the TDDD License	TDDD License Number
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**4. APPLICANT INTENDS DOING BUSINESS AS (Select One)** - Indicate the applicant's type of business organization.

Government	Corporation	Partnership	Limited Liability Company
Sole Proprietorship			

**For State of Ohio Board of Pharmacy Use Only**

Control #	Amt Received	Office/Field	Class	BT	Drug Category	TDDD License New # /Same #
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**5a. NAME OF GOVERNMENT AGENCY (if applicable)**

Name

**5b. CORPORATION INFORMATION, IF INCORPORATED - A copy of articles of incorporation and/or limited liability papers must accompany this application.** The following information may be contained in the incorporation papers usually maintained by the applicant's business office.

**Leave blank if Government Agency**

Entity/Charter number	Federal Tax ID or EIN Number	State where incorporated
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**5c. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS**  
*(If more than four, please include information on a separate piece of paper)*

**Leave blank if Government Agency**

Name	Title	% of ownership	Date of Birth or Social Security Number
Name	Title	% of ownership	Date of Birth or Social Security Number
Name	Title	% of ownership	Date of Birth or Social Security Number
Name	Title	% of ownership	Date of Birth or Social Security Number

**6. CATEGORY OF LICENSE (Check only ONE)** Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54, 4729.541, 4729.55, 4729.551 and 4729.552 of the Ohio Revised Code, as follows:

**CATEGORY II - \$160.00** This licensee may possess, have custody or control of, and distribute prescription drugs (including medical oxygen and other medical grade gases) that are **not controlled substances**.

**CATEGORY III - \$220.00** This licensee may possess, have custody or control of, and distribute prescription drugs, including controlled substances contained in Schedules II, III, IV, or V.

**The following category applies only to remote order entry, medication management therapy, and consulting-only pharmacies**

**LIMITED CATEGORY II - \$160.00** This licensee may not possess, have custody or control of, and distribute prescription drugs (including medical grade gases). **A consulting, remote order, or medication therapy management statement will be completed as part of the license.**

Drug Enforcement Administration License Number *(for Category III only; if pending leave blank)*:

**7. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS** - Individual to contact if there are questions regarding the application (must be the Responsible Person or Designee) & the person who will receive your Ohio license.

Name	Title
Phone (including area code)	E-mail

**8. E-MAIL ADDRESS TO RECEIVE YOUR OHIO LICENSE(S).** **MUST BE THE RESPONSIBLE PERSON OR DESIGNEE.** (Ohio Board of Pharmacy no longer mails licenses via postal mail).

Name of the individual that will print the license	
E-mail of the individual that will print the license	Phone (including area code)

**9. PROVIDE A DETAILED NARRATIVE DESCRIPTION OF THE TYPE OF BUSINESS ACTIVITIES (PLEASE BE SPECIFIC) THAT WILL BE CONDUCTED AT THIS LOCATION THAT REQUIRES THE APPLICANT TO BE ISSUED A TDDD LICENSE**

**Indicate your HOURS OF OPERATION, WEB SITE ADDRESS, and TYPE OF BUSINESS YOU ARE CONDUCTING in Ohio. Refer to example questions below to assist with narrative. Narrative **MUST BE PROVIDED** or the application is considered incomplete.**

*Examples: Do you service patients, animals, or facilities? What type of pharmacy (hospital, retail pharmacy, specialty clinic, physician office, pharmacy servicing other institutions, etc.)? What type of prescription medications do you dispense (specialty or retail)? Do you compound sterile and/or non-sterile products?*



**10. TYPE OF ESTABLISHMENT BEING LICENSED (Check ALL that applies in this section)**

Retail Independent /Chain	Compounding	
Nuclear Pharmacy	Sterile	Correctional Institution
Durable Medical Equipment Pharmacy (DME)	Non-Sterile	Hospital
Mail Order Pharmacy	Fluid Therapy/Infusion Pharmacy	Pharmacy-Servicing Others (i.e. Nursing Homes)
	Charitable Pharmacy	
Multi-Disciplinary Pharmacy (i.e. Multi-practice such as central fill, compounding, consulting, & mail order)	Pharmacy Supplied Contingency Stock	
Other:	<div style="border: 1px solid black; height: 30px; width: 650px;"></div>	

**11. APPLICANT LEGAL AND DISCIPLINARY QUESTIONS** – Failure to answer the following questions makes your application incomplete, delaying the licensing process. Answering incorrectly could be a violation of Ohio law, see ORC 4729.57 and 2921.13.

Please note that **Applicant** includes all the following (when applicable):

- The business entity
- Owner
- Operator
- Corporate officers, including: president, vice president, secretary, treasurer, CEO, CFO, or any equivalent position
- Partner(s)
- Sole proprietor
- Employees responsible for the provision of patient care at the facility (this includes contract prescribers and other healthcare professionals)
- Any other person with access to drug stock\*

\*Access to drug stock includes not only physical access, but also any influence over the handling of prescription drugs (i.e. dangerous drugs) such as purchases, inventories, issuance of medical orders, etc. It does not include employees/contractors such as maintenance, janitorial, IT or other staff that may need limited supervised access to areas where prescription drugs or D.E.A. controlled substance order forms are kept.

For more information on answering the legal/disciplinary questions, visit: [www.pharmacy.ohio.gov/legalquestions](http://www.pharmacy.ohio.gov/legalquestions)

**\*\*If the answer to any of the following questions is yes, include the person's title, duties, and responsibilities, a detailed account (including date, place, circumstances, and disposition of the matter), and copies of relevant documents (such as court pleadings or orders, or other agency orders/dispositions)\*\***

**11a. 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. This applies to question 11a only.
- Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).

**Yes****No****11b. Has the applicant ever been convicted of, or are there charges pending for, any other felony under state or federal law?****Yes****No**

**11c. 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.**

Yes

No

**11d. 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?**

Yes

No

**11e. 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?**

Yes

No

**11f. 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?**

Yes

No

**11g. 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?**

Yes

No

**\*\*If the answer to any of the following questions is yes, include the person's title, duties, and responsibilities, a detailed account (including date, place, circumstances, and disposition of the matter), and copies of relevant documents (such as court pleadings or orders or other agency orders/dispositions)\*\***

**12. RESPONSIBLE PERSON LEGAL AND DISCIPLINARY QUESTIONS** - Failure to answer the following questions makes your application incomplete, delaying the licensing process. Answering incorrectly could be a violation of Ohio law, see ORC 4729.57 and 2921.13.

For more information on answering the legal/disciplinary questions, visit: [www.pharmacy.ohio.gov/legalquestions](http://www.pharmacy.ohio.gov/legalquestions)

**\*\*If the answer to any of the following questions is yes, include the person's title, duties, and responsibilities, a detailed account (including date, place, circumstances, and disposition of the matter), and copies of relevant documents (such as court pleadings or orders, or other agency orders/dispositions)\*\***

**12a. 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 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



<b>12b. Has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?</b>	
Yes	No
<b>12c. Within the past 10 years, has the responsible person 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.</b>	
Yes	No
<b>12d. Has the responsible person ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the practice of pharmacy?</b>	
Yes	No
<b>12e. Has the responsible person ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section <a href="#">4776.10</a> of the Ohio Revised Code?</b>	
Yes	No
<b>12f. 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?</b>	
Yes	No
<b>12g. 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?</b>	
Yes	No
<b>12h. Has the responsible person 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?</b>	
Yes	No
<b>12i. 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?</b>	
Yes	No
<b>12j. Has the responsible person 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 responsible person'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?</b>	
Yes	No
<b>12k. Has the responsible person ever been convicted of a traffic offense 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 charge?</b>	
Yes	No

**13. STATEMENT OF APPLICANT (Person who may legally sign for the business)**

Statement must be manually signed (**wet ink – NO COPIES**) and completed by the individual who may legally sign for the business and can verify the information provided in this application is true, correct, and complete. Failure to do so makes your application incomplete, delaying the licensing process.

Name	Title	
Phone (including area code)	E-mail	
I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. 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 IS <b>TRUE, CORRECT, AND COMPLETE</b> . I HEREBY ACKNOWLEDGE THAT IF THE LICENSE 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.		
Signature of Applicant	Date	Date of Birth or Social Security Number

**14. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS**

Statement must be signed (**wet ink – NO COPIES**) and dated by the individual who will be responsible for the supervision and control of the dangerous drugs and drug records at this location (i.e. the Responsible Person). **The Responsible Person is also responsible for ensuring that the application is true, correct and complete.**

I HEREBY AGREE to and assume the responsibility for supervision and control over the possession and custody of the dangerous drugs and drug records that may be acquired/maintained by, or on behalf of, the applicant pursuant to Section 4729.55 of the Ohio Revised Code and Rule 4729-5-11 of the Ohio Administrative Code.		
I FULLY UNDERSTAND that, as a licensed Terminal Distributor of Dangerous Drugs, drugs may be purchased only within the requested category of license from Wholesale Distributors of Dangerous Drugs licensed in the State of Ohio by the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be provided to the State of Ohio Board of Pharmacy as required in Rule 4729-9-07 of the Ohio Administrative Code.		
I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. 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 IS <b>TRUE, CORRECT, AND COMPLETE</b> . I HEREBY ACKNOWLEDGE THAT IF THE LICENSE APPLIED FOR IS GRANTED, THE LICENSE-HOLDER AND I 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.		
SIGNATURE of Responsible Person	Date Signed	PRINT OR TYPE NAME
Phone (including area code)	Date of Birth	Social Security Number
E-Mail Address		
Qualifications of Responsible Person:		
RPH	License Number:	<input type="text"/>

**COMPLETION OF THIS FORM IS REQUIRED BY O.R.C. SECTION 4729.54  
MAXIMUM PENALTY: DENIAL OF LICENSE**

