



TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTIFICATION

****THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL****

Complete the form then sign and date. Make a copy for your file. Mail, fax or e-mail the original to the Board office. You WILL NOT be emailed a new license – cross off old RP and sign current license.

IMPORTANT: Ohio rules require any change of responsible person to be reported within **ten days** of the effective date of the appointment of the new responsible person and an inventory of all controlled substances shall be taken at the time of change with the new responsible person. This signed form must be received by the Board before the required notification is official.

1. TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS INFORMATION

Terminal Distributor Name		License No.
Street Address, City, State, Zip Code		Check box if additional EMS Satellite or Contingency Stock (PSCS) locations apply. List TDDD#(s) and names on separate sheet and include with this form.
Area Code / Phone #	Area Code / Fax #	
E-mail Address:	Effective Date of Change of Responsible Person	

2. RESPONSIBLE PERSON LEGAL AND DISCIPLINARY QUESTIONS - Answering incorrectly could be a violation of Ohio law, see ORC 4729.57 and 2921.13.

For more information on the required qualifications of the responsible person, visit:
www.pharmacy.ohio.gov/responsible

For more information on answering the legal/disciplinary questions, visit:
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)****

77 South High Street, 17th Floor, Columbus, Ohio 43215



2a. 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

2b. Has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Yes No

2c. 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.

Yes No

2d. 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. medical, dental, nursing, pharmacy, etc.)?

Yes No

2e. 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?

Yes No

2f. 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?

Yes No

2g. 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?

Yes No

2h. 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?

Yes

No

2i. 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

2j. 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?

Yes

No

2k. 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?

Yes

No

IMPORTANT: Unless otherwise approved by the board, no responsible person for locations licensed as a terminal distributor of dangerous drugs shall:

(a) Have ever been denied a license by the drug enforcement administration or appropriate issuing body of any state or jurisdiction.

(b) Have been the subject of any of the following by the drug enforcement administration or licensing agency of any state or jurisdiction:

(i) A disciplinary action that resulted in the suspension or revocation of the person's license or registration; or

(ii) A disciplinary action that was based, in whole or in part, on the person's inappropriate prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug.

(c) Have been convicted of any of the following:

(i) A felony;

(ii) A misdemeanor related to, or committed in, the person's professional practice;

(iii) An act of moral turpitude; or

(iv) A crime of moral turpitude as defined in section [4776.10](#) of the Revised Code.

If the responsible person on the application has any of the disciplinary actions or criminal convictions listed above and is seeking approval from the Board, please provide a request by the responsible person that includes 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) with this form.

3. 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).

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT THIS FORM IS **TRUE, CORRECT, AND COMPLETE**. I HEREBY AGREE TO AND DO 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)	E-mail Address	
Date of Birth	Social Security Number	

Qualifications of Responsible Person

RPh License Number:

MD/DO License Number:

DVM License Number:

DDS License Number:

DPM License Number:

RN/LPN License Number: **FOR RSOX TDDD License Only**

APN License Number: **Must also submit signed APN statement available here: www.pharmacy.ohio.gov/APNRP**

PhD / Chemist Title: **Date of Birth:**

Other Title: **Social Security Number:**