



Consulting Pharmacy – No Drugs On-Site

To Be Completed by the Responsible Person for a Consulting Pharmacy

Part 1 – Responsible Person Information - *To be completed by the applicant's Responsible Person.*

Responsible Person First Name	Responsible Person Last Name
Date of Birth	Social Security Number
Applicant Business Name	

Part 2 – Attestation by Responsible Person - *To be completed by the applicant's Responsible Person. Must be manually signed in ink.*

I ATTEST THAT NO DANGEROUS DRUGS WILL BE PURCHASED, POSSESSED, STORED OR USED AT THE LOCATION SEEKING LICENSURE AS A TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant's Responsible Person	Date Signed
Print Name of Responsible Person	

Consulting Pharmacy Form (Rev. 4/19/2018)

