



Request for Exemption from Physician Ownership Requirement

Section 4729.553 requires a terminal distributor of dangerous drugs with an office-based opioid treatment classification to be operated solely by one or more physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, **unless** the state board of pharmacy has exempted the holder from this requirement.

Please be advised that requests will be presented to the Board for approval upon submission of a completed application, including the results of the required criminal records check for each owner.

Pursuant to rule 4729-18-02, in reviewing the exemption request, the Board will consider, at a minimum, all the following:

- 1) The results of criminal records checks conducted in accordance with rule 4729-18-03 of the Administrative Code;
- 2) The results of a pre-inspection authorized in accordance with rule 4729-9-09 of the Administrative Code, including compliance with rule 4729-18-04 of the Administrative Code;
- 3) A review of any past disciplinary actions taken against any owner that are based, in whole or in part, on the professional's inappropriate prescribing, personally furnishing, diverting, administering, storing, compounding, supplying or selling a controlled substance or other dangerous drug; and
- 4) Commission of an act by any owner that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed.

NOTE: Previous disciplinary action or criminal convictions do not automatically disqualify a facility from obtaining an exemption. The Board is responsible for reviewing the facts and circumstances related to an exemption request to determine its potential connection, if any, to the issuance of a license. The purpose of such review is to act as a safeguard against the diversion of dangerous drugs to protect the health and safety of the public.

Please be advised, the Board reserves the right to request additional information from an applicant to determine if granting a license is in the public's interest.

An applicant whose request is denied by the board will be provided with a written explanation of the denial and allowed one opportunity to resubmit its request to address the identified concerns. The resubmission of the request shall occur within sixty days of receiving the board's written explanation or the application will be deemed abandoned in accordance with rule 4729-9-01 of the Administrative Code.

To be considered for an exemption of this requirement, please submit the following information about the owners with the licensure application.



REQUEST FOR EXEMPTION FROM PHYSICIAN OWNERSHIP REQUIREMENT

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 and sign the statement included on this page.

Name	Title	Date of Birth or Social Security No.	Professional License No. and Name of Licensing Agency (if applicable)
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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.

I HEREBY REQUEST AN EXEMPTION PURSUANT TO 4729.553 (D)(1) OF THE OHIO REVISED CODE.

I HEREBY ACKNOWLEDGE THAT SUBMISSION OF AN APPLICATION FOR A LICENSE OR REGISTRATION WITH THE STATE BOARD OF PHARMACY CONSTITUTES PERMISSION FOR ENTRY AND ON-SITE INSPECTION BY AN AUTHORIZED BOARD AGENT PURSUANT TO RULE 4729-9-09 OF THE 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 **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant (wet ink – NO COPIES)	Date
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Applicant Name (please print)