



**BROKER CLASSIFICATION
WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS**

CAREFULLY READ ALL INSTRUCTIONS. Failure to complete all fields, provide necessary supplemental documentation and correct fee will delay the application process. If a question is not applicable, answer as N/A.

"Broker" means any person engaged in the marketing, offering, or contracting for wholesale distribution and sale of a dangerous drug in or into Ohio who does not take physical possession of dangerous drugs; shall be licensed by the state board of pharmacy as a wholesale distributor pursuant to section [4729.52](#) of the Revised Code with a broker classification; and shall be registered as a business entity with the appropriate state or local authority(s) and must operate out of a location that is zoned for commercial use and not out of a residence or personal dwelling.

NOTE: Broker is different from a virtual wholesaler licensed pursuant to rule [4729-9-28 of the Ohio Administrative Code](#). A virtual wholesaler has title but does not take physical possession of dangerous drugs.

Applicable for the following:	
<input type="checkbox"/>	Wholesale Distributors of Dangerous Drugs – Broker Classification (OAC 4729-9-30) - Please refer to the rule 4729-9-30 of the Ohio Administrative Code for additional the requirements to be licensed as a broker.
<input type="checkbox"/>	Completed Application with original (wet ink) signatures – no copies
<input type="checkbox"/>	\$750.00 Fee. Check made payable to: <i>Treasurer, State of Ohio</i>
<input type="checkbox"/>	Corporation papers and/or articles of incorporation or Limited Liability (LLC) papers for the pharmacy must be attached (See 4b on Application).
<input type="checkbox"/>	Responsible Person and all owners/officers must submit to a criminal records check (See Question 10).
<input type="checkbox"/>	Legal and Disciplinary Questions (See 11 & 12 on Application) If the answer to any of the legal or disciplinary 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) with this application.
<input type="checkbox"/>	Responsible Person (RP) must meet the requirements stated in the rule 4729-5-11 of the Ohio Administrative Code (See 14 on Application). If the responsible person on the application has any of the disciplinary actions or criminal convictions listed in rule 4729-5-11 of the Ohio Administrative Code and is seeking approval from the Board, 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 application.
<input type="checkbox"/>	Non-Resident licensure inquiry affidavit (non-Ohio applicants only). Form must be provided to the Board by the applicant’s home state licensing authority (see page 14 of the application).
Mail completed application along with any attachments and fee to: State of Ohio Board of Pharmacy, 77 South High Street, 17th Floor, Columbus OH 43215	

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





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CAREFULLY READ ALL INSTRUCTIONS. Failure to complete all fields, provide necessary supplemental documentation and correct fee will delay the application process. If a question is not applicable, answer as N/A.

Application fee is \$750.00.

Please make check payable to "Treasurer, State of Ohio"

APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OH 43215

PLEASE TYPE OR PRINT LEGIBLY

1. LICENSE REQUEST

Change New	Proposed opening date or date of change (or indicate facility is currently open)	If change, give current WDDD License Number
If change, select ALL that apply:		
Name	Ownership	Business Type (if currently licensed as a wholesale distributor of dangerous drugs.)

2. NAME, ADDRESS AND PHONE NUMBER OF BUSINESS BEING LICENSED

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

3. 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) and the person who will receive your Ohio license.

Name	Title
E-mail	Phone (include area code)

For State of Ohio Board of Pharmacy Use Only							
Control #	Amt Received	Office/Field	Class	BT	Drug Category	TDDD License #	New # Same #
					III		

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



4. APPLICANT INTENDS DOING BUSINESS AS (Select One) - Indicate the applicant’s type of business organization

Government	Corporation	Partnership	Limited Liability Company
Sole Proprietorship			

4a. NAME OF GOVERNMENT AGENCY (if applicable)

Name

4b. OWNERSHIP INFORMATION – Corporations must attach a copy of articles of incorporation; limited liability companies must attach a copy of articles of organization or certificate of formation. These documents may be contained in the business files usually maintained by the applicant’s business office or the Ohio Secretary of State (www.sos.state.oh.us).

Leave blank if Government Agency

Entity/Charter number	Federal Tax ID or EIN Number	State where incorporated
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4c. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER (Attach separate sheet if necessary)

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5. LIST OTHER TERMINAL DISTRIBUTOR OR WHOLESALER DISTRIBUTOR OF DANGEROUS DRUG LICENSES ISSUED BY THE STATE OF OHIO BOARD OF PHARMACY POSSESSED BY THE APPLICANT

License Numbers Only

6. LIST WHOLESALER DISTRIBUTOR LICENSES ISSUED BY OTHER STATES POSSESSED BY THE APPLICANT (include license number and state)

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7. HAS THE ENTITY EVER BEEN DENIED A LICENSE OR REQUESTED TO WITHDRAW OR HAS IT WITHDRAWN AN APPLICATION FOR LICENSURE IN THIS OR ANY OTHER STATE?

Yes	No	If yes, please provide the name of the licensing agency and approximate date of application and the reason why:
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8. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS - Owner of the location to be licensed.

Name	Title
Mailing Address, City, State, Zip Code	
Previous Trade, Corporate, Or Partnership Name(s) & Address(es)	Phone (including area code)
<i>If many, check box and attach separate sheet to this application</i>	

9. PROVIDE A 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 BROKER LICENSE - Provide on a separate sheet if necessary.

**Indicate your web site address (if applicable), and type of business being conducting in Ohio.
A narrative must be provided or the application is considered incomplete.**

Examples: Describe the type of services offered by this entity.

10. CRIMINAL RECORDS CHECK INFORMATION (i.e. BACKGROUND CHECKS)

Pursuant to [rule 4729-9-30 of the Administrative Code](#), a new wholesale distributor of dangerous drug license with a broker classification will not be issued until the following submit fingerprints to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) for a criminal records check:

- (a) The responsible person on the application for licensure of a wholesale distributor pursuant to 4729-5-11; and
- (b) The following persons based upon the wholesale distributor's business type:
 - (i) All partners of a partnership;
 - (ii) The sole proprietor of a sole proprietorship;
 - (iii) The president, vice president, secretary, treasurer, and chief executive officer, or any equivalent position of a corporation and if a corporation is not publicly traded on a major stock exchange, each shareholder owning ten percent or more of the voting stock of the corporation;
 - (iv) The agency director of a government agency.

More information on completing the required criminal records check is available on **page 13** of this application.

Please provide the full legal first and last name (no nicknames), title and last four digits of the social security number for those persons who are submitting fingerprints for a criminal records check.

First Name	Last Name	Title	Last Four Digits SSN

(duplicate this page as necessary)

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 4729.56 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
- Any other person, including employees, 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, see guidance included beginning on **page 10** of this application.

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) with this application

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

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 4729.56 and 2921.13.

In accordance with [rule 4729-5-11 of the Administrative Code](#), the responsible person is responsible for compliance with all state and federal laws, regulations, and rules regulating the operation of a facility with a wholesale distributor of dangerous drugs license.

For more information on answering the legal/disciplinary questions, see guidance included beginning on **page 10** of this application.

****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) with this application****

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

12b. Has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Yes No

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.

Yes No

12d. 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

12e. 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

12f. 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

12g. 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

12h. 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

12i. 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

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	
<p>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. 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.</p> <p>I FULLY UNDERSTAND THAT SUBMISSION OF THIS APPLICATION WITH THE STATE BOARD OF PHARMACY CONSTITUTES PERMISSION FOR ENTRY AND ON-SITE INSPECTION BY AN AUTHORIZED BOARD AGENT IN ACCORDANCE WITH RULE 4729-9-09 OF THE OHIO ADMINISTRATIVE CODE.</p>		
SIGNATURE OF APPLICANT	DATE	DATE OF BIRTH OR SOCIAL SECURITY NUMBER

14. STATEMENT OF PERSON RESPONSIBLE FOR COMPLIANCE WITH OHIO LAW AND RULES (RESPONSIBLE PERSON)

Pursuant to [rule 4729-5-11 of the Ohio Administrative Code](#), the responsible person on a wholesale distributor of dangerous drugs license is responsible for compliance with all state and federal laws, regulations, and rules governing the distribution of dangerous drugs.

UNLESS OTHERWISE APPROVED BY THE BOARD, NO RESPONSIBLE PERSON FOR A LOCATION LICENSED AS A WHOLESALE 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 distribution of dangerous drugs;
 - (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 on the previous page 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 application.

The Responsible Person statement must be signed (**wet ink – NO COPIES**) and dated by the individual who will be responsible for compliance with all state and federal laws, regulations, and rules regulating the operation of a broker.

NOTE: If the business type is a hospital or pharmacy, the individual responsible for supervision and control of dangerous drugs and drug records must be a licensed pharmacist.

NOTE: If the business type is a clinic, the individual responsible for supervision and control of dangerous drugs and drug records must be a licensed health care professional that can prescribe dangerous drugs, i.e., MD, DO, APN, DVM, etc.

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 compliance with all state and federal laws, regulations, and rules regulating the operation of a wholesale distributor of dangerous drugs for the applicant pursuant to rule 4729-5-11 of the Ohio Administrative Code.

I HEREBY CERTIFY that I, or personnel employed in the wholesale distribution of dangerous drugs, have the appropriate education and/or experience to assume responsibility for positions related to compliance with the licensing regulations.

FURTHER, I HEREBY AGREE that, if licensed, communications from the Board may be directed to me, and notices and citations provided for in section 4729.56 of the Revised Code may be served upon me, and shall constitute proper service upon and notice to the registered wholesale distributor of dangerous drugs for all purposes under sections 4729.51 to 4729.61 of the Revised Code. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the State of Ohio Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued 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 **TRUE, CORRECT, AND COMPLETE**. 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 Responsible Person	Date Signed	PRINT OR TYPE NAME
Phone (include area code)	E-mail Address	
Date of Birth (MM/DD/YYYY)	Social Security Number	
Professional License Number (if applicable)	State of Licensure (if applicable)	

**COMPLETION OF THIS FORM IS REQUIRED BY O.R.C. SECTION 4729.52
MAXIMUM PENALTY: DENIAL OF LICENSE**

**BROKER CLASSIFICATION
WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS
LEGAL AND DISCIPLINARY QUESTIONS**

UPDATED 4/24/2017

The required legal & disciplinary questions on the broker application provides the opportunity for the Board to review the facts and circumstances related to a particular case to determine its potential connection, if any, to the issuance of a license. The purpose of such questions is to act as a safeguard against the diversion of dangerous drugs and protection of confidential patient information by requiring disclosure of information necessary to protect the health and safety of the public.

The following guidance provides information about the legal and disciplinary questions on the application for a Wholesale Distributor of Dangerous Drugs with a Broker Classification.

Q1: Who is covered by the applicant legal & disciplinary questions (see 11 on application)? Does this apply to all employees, agents, or contractors of an entity, even those that do not work on-site?

A1: The questions include the following:

- The business entity
- Owner
- Operator
- Corporate officers, including: president, vice president, secretary, treasurer, CEO, CFO, or any equivalent position
- Partner(s)
- Sole proprietor
- Any other person, including employees, with access to drug stock*

***NOTE:** 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.

These questions **do not** apply to:

- Former employees or agents of the licensee at the time the legal & disciplinary questions are answered.
- The applicant's responsible person. The responsible person has their own set of legal & disciplinary questions on the application (see 12 on application).

Q2: What theft offenses are included in division (K)(3) of section 2913.01 of the Revised Code?

A2: The following theft offenses are included in division (K)(3) of section 2913.01 of the Revised Code:

- | | |
|---|--|
| ▪ 2911.01 Aggravated Robbery | ▪ 2913.33 Making or using slugs |
| ▪ 2911.02 Robbery | ▪ 2913.34 Trademark counterfeiting |
| ▪ 2911.11 Aggravated Burglary | ▪ 2913.40 Medicaid Fraud |
| ▪ 2911.12 Burglary | ▪ 2913.42 Tampering with records |
| ▪ 2911.13 Breaking and Entering | ▪ 2913.43 Securing writings by deception |
| ▪ 2911.31 Safecracking | ▪ 2913.44 Personating an officer |
| ▪ 2911.32 Tampering with coin machines | ▪ 2913.45 Defrauding creditors |
| ▪ 2913.02 Theft | ▪ 2913.47 Insurance fraud |
| ▪ 2913.03 Unauthorized use of a vehicle | ▪ 2913.48 Workers' compensation fraud |
| ▪ 2913.04 Unauthorized use of property – computer, cable, or telecommunication property | ▪ Former sections: |
| ▪ 2913.041 Possession or sale of unauthorized cable television device | ○ 2913.47 |
| ▪ 2913.05 Telecommunications fraud | ○ 2913.48 |
| ▪ 2913.06 Unlawful use of telecommunications device | ▪ 2913.51 Receiving stolen property |
| ▪ 2913.11 Passing bad checks | ▪ 2915.05 Cheating – corrupting sports |
| ▪ 2913.21 Misuse of credit cards | ▪ 2921.41 Theft in Office |
| ▪ 2913.31 Forgery – forging identification cards or selling or distributing forged identification cards | |
| ▪ 2913.32 Criminal simulation | |

For questions 11c and 12c: The ten-year lookback period for a misdemeanor theft offense is from the date the application is signed by the applicant.

Q3: How is it possible for an applicant to acknowledge that they have correctly answered the legal and disciplinary questions at the time of initial licensure – how will the applicant know the criminal history of those listed in A1 and the responsible person?

A3: The entity seeking licensure should exercise due diligence in ensuring they know the answers to these questions for the persons described in A1 and the responsible person.

This also means having screening policies for owners, officers, employees or contractors who meet the criteria listed in A1 and for the responsible person.

NOTE REGARDING THE FEDERAL EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC):

The EEOC does not have the authority to prohibit employers from obtaining or using arrest or conviction records. The EEOC simply seeks to ensure that such information is not used in a discriminatory way.

In implementing policies related to obtaining appropriate employment information in the Terminal Distributor of Dangerous Drugs setting, be mindful that the policy should be applied equally to all applicants. The EEOC publishes the following guidance:

In all cases, make sure that you're treating everyone equally. It's illegal to check the background of applicants and employees when that decision is based on a person's race, national origin, color, sex, religion, disability, genetic information (including family medical history), or age (40 or older). For example, asking only people of a certain race about their financial histories or criminal records is evidence of discrimination.

The EEOC enforces Title VII, which prohibits employment discrimination based on race, color, religion, sex, or national origin. Having a criminal record is not listed as a protected basis in Title VII. Therefore, whether a covered employer's reliance on a criminal record to deny employment violates Title VII depends on whether it is part of a claim of employment discrimination based on race, color, religion, sex, or national origin. Title VII liability for employment discrimination is determined using two analytic frameworks: "disparate treatment" and "disparate impact."

Title VII also does not preempt federal statutes and regulations that govern eligibility for occupational licenses and registrations. These restrictions cover diverse sectors of the economy including the transportation industry, the financial industry, and import/export activities, among others.

Q4: If a person described in A1 (or the responsible person) has been charged/convicted/disciplined prior to initial licensure, must the entity terminate that individual's employment in order to obtain a license?

A4: The Board does not advise an entity on whether to terminate an individual with a criminal case/conviction or disciplinary action; that decision rests with the entity's personnel policies. However, the entity **MUST** report the underlying charge/conviction/discipline to the Board (as stated in the application) so that the Board may review the facts and circumstances related to a particular case to determine its potential connection, if any, to the license for which the entity is applying.

NOTE: UNLESS OTHERWISE APPROVED BY THE BOARD, NO RESPONSIBLE PERSON FOR A LOCATION LICENSED AS A WHOLESALE 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 distribution of dangerous drugs;

(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 application.

Q5: How can the Board expect an employer to require an employee, agent, etc. to disclose an expunged or sealed felony or misdemeanor drug offense?

A5: Section 2953.33(B) of the Ohio Revised Code permits inquiry into sealed convictions if the question bears a direct and substantial relationship to the position for which the person is being considered. This code section applies to applications for employment, license, or other right or privilege.

Q6: What constitutes a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?

A6: A crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code, includes the following:

- **Sexually Oriented Offenses:** Rape, Sexual Battery, Gross Sexual Imposition, Sexual Imposition, Importuning, Voyeurism, Compelling Prostitution, Promoting Prostitution, Pandering Obscenity, Pandering Obscenity or Sexually Oriented Matter Involving a Minor, and Illegal Use of a Minor in Nudity Oriented Material.
- **The Following Offenses of Violence that are first or second degree felonies:** Aggravated Murder, Murder, Voluntary Manslaughter, Involuntary Manslaughter, Felonious Assault, Aggravated Assault, Assault, Permitting Child Abuse, Aggravated Menacing, Menacing, Menacing by Stalking, Kidnapping, Abduction, Extortion, Trafficking in persons, Rape, Sexual Battery, Gross Sexual Imposition, Aggravated Arson, Arson, Terrorism, Aggravated Robbery, Robbery, Aggravated Burglary, Inciting to Violence, Aggravated Riot, Riot, Inducing Panic, Domestic Violence, Intimidation (including of witness or attorney), Escape, Improper Discharge of Firearm, Patient abuse, Burglary (specific sections), Endangering Children (specific sections) and Felonious Sexual Penetration.

Note: Please consult legal counsel for a complete listing of crimes of moral turpitude as defined in section 4776.10 of the Revised Code.

Q7: What does the Board consider a crime (felony or misdemeanor) involving an act of moral turpitude?

A7: A crime involving an act of moral turpitude is a criminal act (felony or misdemeanor) that includes any of following:

(1) An act or behavior that gravely violates moral sentiment or accepted moral standards of the community and is a morally culpable quality held to be present in some criminal offenses as distinguished from others.

(2) Conduct done knowingly contrary to honesty or good morals.

(3) Intentional, knowing or reckless conduct causing bodily injury to another or intentional, knowing or reckless conduct which, by physical menace, puts another in fear of imminent serious bodily injury.

If you are not sure whether the Board would consider a particular offense to be an act of moral turpitude it is recommended that the responsible person disclose the information to the Board on the application materials so that the Board may review the facts and circumstances to determine whether a direct and substantial relationship exists.

CRIMINAL RECORDS CHECK REQUIREMENTS

BACKGROUND CHECKS MAY TAKE UP TO 10 WEEKS TO PROCESS

Failure to follow these instructions will delay the processing of your application.

Pursuant to [rule 4729-9-30 of the Administrative Code](#), a new wholesale distributor of dangerous drug license with a broker classification will not be issued until the following submit fingerprints to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) for a BCI&I and FBI criminal records check:

(a) The responsible person (RP) on the application for licensure of a wholesale distributor pursuant to 4729-5-11; and

(b) The following persons based upon the wholesale distributor's business type:

(i) All partners of a partnership;

(ii) The sole proprietor of a sole proprietorship;

(iii) The president, vice president, secretary, treasurer, and chief executive officer, or any equivalent position of a corporation and if a corporation is not publicly traded on a major stock exchange, each shareholder owning ten percent or more of the voting stock of the corporation;

(iv) The agency director of a government agency.

DO NOT submit your application until your owners or, if incorporated, the officers and the responsible person have completed their fingerprint process.

Criminal records check may be submitted in one of two ways:

1. In Ohio, submit your electronic fingerprint impressions at a WebCheck provider which must be located in Ohio. WebCheck provider locations can be found by visiting: <http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>
2. If owners/officers are out of state, you may request the number of fingerprint cards needed (each owner/officer will need two – one for BCI&I, one for FBI) from the Board and take to your local law enforcement agency to submit ink fingerprint impressions.

To obtain fingerprint cards, fill out the [Fingerprint Card Request Form](#) and email it to WDDD@pharmacy.ohio.gov or order from the Ohio Attorney General's Office by visiting: http://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Law-Enforcement/BCI-Forms/Miscellaneous-Forms/2011-3-25_SupplyRequisitionForm_BCI-pdf.aspx

All fingerprint cards and 2 checks (totals to be determined by # of owners/officers/RP x \$22.00 and # of owners/officers/RP x \$24.00), both written to "Treasurer, State of Ohio" need mailed to:

**Bureau of Criminal Identification and Investigation
P.O. Box 365
London, OH 43140**

Note: **Do NOT** mail your fingerprints to the Board. We will not forward to Ohio BCI&I nor return them to you. You will need to have them redone and the processing of your license will be delayed.

Direct that the results be sent directly to:

State of Ohio Board of Pharmacy 77 S. High Street, 17th Floor Columbus, Ohio 43215

Reason for fingerprinting: Ohio Revised Code Section 4729.071 for Licensing.

Agency Code: 1AB002

REMINDERS:

- Fingerprints of all owners or, if incorporated, the officers and the responsible person must be done before applying. Be sure to indicate all individuals that are subject to fingerprinting on #10 of the application.
- The procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. You may also obtain a copy of your results by contacting the BCI office where you submitted your test. For your convenience, the BCI phone number is 1-877-224-0043 (Option 7).



**NON-RESIDENT LICENSURE INQUIRY AFFIDAVIT
(NON-OHIO APPLICANTS ONLY)**

Part I – Non-Licensure Requirement – To be completed by applicant for Ohio licensure and verified by state licensing authority. If licensure is required in home state, leave blank and complete remaining portions of affidavit.

Name of Ohio Applicant
Physical Address (Street, City, State, Zip Code)
I hereby attest that by checking this box, the applicant is not required to obtain a license to conduct any operations relating to the distribution of prescription drugs by the applicant’s home state licensing authority.
The company on the Ohio application provided the above information. Please correct the information, directly above or on the reverse of this form, if your records indicate any discrepancies.

If Part I of this affidavit is correct, skip Parts II & III and complete Part IV of the affidavit.

Part II – Applicant Information – To be completed by the applicant for Ohio licensure and verified by state licensing authority.

Name of Ohio Applicant		
Physical Address (Street, City, State, Zip Code)		
Type of Operation	License Number	Type of License
Date Licensed Issued	Expiration Date	
The company on the Ohio application provided the above information. Please correct the information, directly above or on the reverse of this form, if your records indicate any discrepancies.		

Part III – Non-Resident Licensure Information – To be completed by state licensing authority.

1. Does this license authorize the distribution of prescription drugs within your state?	Yes	No
2. To the best of your knowledge, and with information known at this time, do you have any reason to believe that the license issued by your state licensing authority will be suspended, revoked or not renewed at any time during the next two years? (If yes, please explain on a separate sheet)	Yes	No
3. To the best of your knowledge, has the company been denied a permit to distribute prescription drugs in your state, or any other state? (If yes, please explain on a separate sheet)	Yes	No
4. To the best of your knowledge, has the company's license, which authorizes the distribution of prescription drugs in your state, or any other state, been the subject of any disciplinary action? (If yes, please explain on a separate sheet)	Yes	No
5. To the best of your knowledge, has the company (owners, officers, or managers-in-charge) been convicted under any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain on a separate sheet)	Yes	No

Part IV – State Licensing Authority Certification – To be completed by state licensing authority.

Name (Please Print)	Title	State
Signature	SEAL	
Date of Signature		

This form may be submitted with the application or may be mailed separately by the state licensing authority to:

State of Ohio Board of Pharmacy, 77 South High Street, 17th Floor, Columbus OH 43215