



### REPACKAGER 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.**

|  |  |
|--|--|
| <input type="checkbox"/>   | <b>Completed Application with original (wet ink) signatures – no copies</b>  |
| <input type="checkbox"/>   | <b>Correct Fee (Check made payable to: <i>Treasurer, State of Ohio</i>):</b> <ul style="list-style-type: none"><li>• \$950.00 to distribute non-controlled substances ONLY.</li><li>• \$1,000.00 to distribute noncontrolled and controlled substances.</li></ul>  |
| <input type="checkbox"/>   | <b>Corporation papers and/or articles of incorporation or Limited Liability (LLC) papers for the pharmacy must be attached (See 4b on Application).</b>  |
| <input type="checkbox"/>   | <b>Responsible Person and all owners/officers must submit to a criminal records check (See Question 15).</b>   |
| <input type="checkbox"/>   | <b>Legal and Disciplinary Questions (See 16 &amp; 17 on Application)</b> <p>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.</p>   |
| <input type="checkbox"/>   | <b>Responsible Person (RP) must meet the requirements stated in the <a href="#">rule 4729-5-11 of the Ohio Administrative Code</a> (See 19 on Application).</b> <p>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.</p> |
| <input type="checkbox"/>   | <b>Non-Resident licensure inquiry affidavit (non-Ohio applicants only).</b> Form must be provided to the Board by the applicant's home state licensing authority (see page 13 of the application).   |
| <b>Mail completed application along with any attachments and fee to:<br/>State of Ohio Board of Pharmacy, 77 South High Street, 17<sup>th</sup> Floor, Columbus OH 43215</b> |  |





**REPACKAGER 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.**

**Application fee is \$950.00 for the distribution/repackaging of non-controlled substances; \$1,000.00 to distribute/repackage non-controlled and controlled substances.**

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

**APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET, 17<sup>TH</sup> FLOOR, COLUMBUS, OH 43215**

**PLEASE TYPE OR PRINT LEGIBLY**

**1. LICENSE REQUEST**

|  |  |   |
|--|--|---|
| Change<br><br>New                        | Proposed opening date or date of change (or indicate facility is currently open) | If change, give current License Number                                    |
| If change, select <b>ALL</b> that apply: |  |   |
| Name                                     | Ownership  | Business Type (if currently licensed as a repackager 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 ( <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. 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).**

|        |                           |
|--------|---------------------------|
| 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 | License New # Same # |
|-----------|--------------|--------------|-------|----|---------------|----------------------|
|           |              |              |       |    | II    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.

**Leave blank if Government Agency**

|                       |                              |                          |
|-----------------------|------------------------------|--------------------------|
| Entity/Charter number | Federal Tax ID or EIN Number | State where incorporated |
|-----------------------|------------------------------|--------------------------|

**4c. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER (*Attach separate sheet if necessary*)**

|  |
|--|
|  |
|--|

**5. LIST OTHER LICENSES ISSUED BY THE STATE OF OHIO BOARD OF PHARMACY POSSESSED BY THE APPLICANT**

|                             |
|-----------------------------|
| <b>License Numbers Only</b> |
|-----------------------------|

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

|  |
|--|
|  |
|--|

**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: |
|-----|----|---|

**8. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS** - Owner of the location to be licensed.

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

**9a. FDA DRUG ESTABLISHMENT REGISTRATION** – Provide the FDA Establishment Number of the repackager.

|  |
|--|
|  |
|--|

**9b. TYPE OF DRUGS** -Check the type(s) of dangerous drugs you repackage, or intend to repackage.

|  |  |
|--|--|
| Application is hereby made for a certificate as a Repackager of Dangerous Drugs, as provided in sections <a href="#">4729.52</a> & <a href="#">4729.53</a> of the Ohio Revised Code, as follows: |  |
| Category II (Non-controlled drugs only)<br>(\$950.00)  | Category III (Controlled/Non-controlled Drugs)<br>(\$1,000.00)<br><i>(if checked, must complete questions 10-11)</i> |

**10. DRUG SCHEDULES DISTRIBUTED (Check all that apply)**

**Enclose a copy of the DEA registration.**

|            |             |                 |             |            |
|------------|-------------|-----------------|-------------|------------|
| Schedule I | Schedule II | Schedule III    | Schedule IV | Schedule V |
| DEA Number |             | Expiration Date |             |            |

**11. QUALIFICATIONS FOR LICENSURE**

|  |                          |                       |                         |                        |
|--|--------------------------|-----------------------|-------------------------|------------------------|
| Applicant hereby certifies and agrees to provide, upon request, proof satisfactory to the State of Ohio Board of Pharmacy that:  |                          |                       |                         |                        |
| (1) The applicant is of good moral character or, if the applicant is an association or corporation, that the managing officers are of good moral character;  |                          |                       |                         |                        |
| (2) The applicant is equipped as to land, buildings, and paraphernalia to properly carry on the business for which this license is requested;  |                          |                       |                         |                        |
| (3) The applicant's trade connections are such that there is a reasonable probability that the applicant will apply all controlled substances possessed by him/her to sell for: (check all that apply) |                          |                       |                         |                        |
| Scientific<br>Purposes   | Experimental<br>Purposes | Medicinal<br>Purposes | Instructive<br>Purposes | Return Service<br>Only |
| (4) The applicant is in sufficiently good financial condition to carry out his/her obligation;   |                          |                       |                         |                        |
| (5) The granting of this license is in the public interest.  |                          |                       |                         |                        |

**12. OTHER THAN THE NAME AND ADDRESS BEING REGISTERED** - If the sites are licensed in Ohio, provide the appropriate Ohio license number.

|   |    |     |
|---|----|-----|
| A. Are the records of sales kept at any other location?<br><i>If yes, provide the name and address of the location:</i><br><input style="width: 90%; height: 25px;" type="text"/>                                 | No | Yes |
| B. Are drugs shipped from any other location?<br><i>If yes, provide the name and address of the location:</i><br><input style="width: 90%; height: 25px;" type="text"/>   | No | Yes |
| C. Can the purchaser order drugs from any other address?<br><i>If yes, provide the name and address of the location:</i><br><input style="width: 90%; height: 25px;" type="text"/>                                | No | Yes |
| D. Are drugs transferred to any other location for the purposes of storage or research?<br><i>If yes, provide the name and address of the location:</i><br><input style="width: 90%; height: 25px;" type="text"/> | No | Yes |

**13. E-MAIL ADDRESS TO RECEIVE YOUR OHIO LICENSE(S).** **MUST BE THE RESPONSIBLE PERSON OR DESIGNEE.** (State of 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) |

**14. 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 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.**

**Example information: What type of prescription medications do you repackage?**



**16. 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, 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)\*\***

|   |
|---|
| <p><b>16a. Has the applicant ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law?</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. <i>This applies to question 16a only.</i></li> <li>▪ Note: Minor misdemeanor drug convictions <u>are not</u> required to be reported. ORC 2925.11(D).</li> </ul> <p style="margin-top: 10px;"><b>Yes</b>                      <b>No</b></p> |
| <p><b>16b. Has the applicant ever been convicted of, or are there charges pending for, any other felony under state or federal law?</b></p> <p style="margin-top: 10px;"><b>Yes</b>                      <b>No</b></p>  |
| <p><b>16c. 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.</b></p> <p style="margin-top: 10px;"><b>Yes</b>                      <b>No</b></p>  |
| <p><b>16d. 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?</b></p> <p style="margin-top: 10px;"><b>Yes</b>                      <b>No</b></p>   |



**16e. 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**

**16f. 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**

**16g. 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**

**17. 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 repackager of dangerous drugs license.

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)\*\***

**17a. 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**

**17b. Has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?**

**Yes                      No**

**17c. 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**

**17d. 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**

**17e. 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**

**17f. 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**

**17g. 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**

**17h. 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**

**17i. 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**

**17j. 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**

**17k. 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**

**18. 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. |             |  |
| 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.   |             |  |
| <b>SIGNATURE OF APPLICANT</b>   | <b>DATE</b> | <b>DATE OF BIRTH OR SOCIAL SECURITY NUMBER</b> |

**19. 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 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 REPACKAGER 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 the license.

***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 repackager 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 repackaging 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 licensed repackager 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 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 **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.

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| <b>SIGNATURE of Responsible Person</b>      | <b>Date Signed</b>                 | <b>PRINT OR TYPE NAME</b> |
| 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**

## **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 4729-9-16 of the Administrative Code](#), a new repackager of dangerous drug license 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 repackager pursuant to 4729-5-11; and
- (b) The following persons based upon the repackager'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/backgroundcheck>
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](mailto:WDDD@pharmacy.ohio.gov) or order from the Ohio Attorney General's Office by visiting: <http://www.ohioattorneygeneral.gov/backgroundcheck>

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 Q18 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. |
| <b>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.</b>                        |

*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 |                 |
| <b>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.</b> |                 |                 |

**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? <b>(If yes, please explain on a separate sheet)</b> | 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? <b>(If yes, please explain on a separate sheet)</b>  | 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? <b>(If yes, please explain on a separate sheet)</b>  | 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, drug distribution, or distribution of controlled substances? <b>(If yes, please explain on a separate sheet)</b>                | 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**