



THIRD PARTY LOGISTICS PROVIDER

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.

"Third party logistics provider" means any person who:

- (1) Contracts with a manufacturer or wholesale distributor of dangerous drugs to provide or coordinate warehousing, distribution, or other services on behalf of a manufacturer or wholesaler, but does not take title of the dangerous drug or have general responsibility to direct the dangerous drug's sale or disposition;
- (2) Is licensed by the state board of pharmacy as a wholesale distributor pursuant to section [4729.52](#) of the Revised Code with a third-party logistics provider classification; and
- (3) 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.

Applicable for the following:	
<ul style="list-style-type: none"> ▪ Third Party Logistics Providers (OAC 4729-9-29) - Please refer to the rule OAC 4729-9-29 of the Ohio Administrative Code for additional the requirements to be licensed as a third party logistics provider. 	
<input type="checkbox"/>	Completed Application with original (wet ink) signatures – no copies
<input type="checkbox"/>	Correct Fee (Check made payable to: <i>Treasurer, State of Ohio</i>): <ul style="list-style-type: none"> • \$950.00 to distribute non-controlled substances ONLY. • \$1,000.00 to distribute non-controlled and controlled substances.
<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 15).
<input type="checkbox"/>	Legal and Disciplinary Questions (See 16 & 17 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 19 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).
<input type="checkbox"/>	VAWD Accreditation (non-Ohio applicants, if applicable) – Rule 4729-9-29 of the Ohio Administrative Code requires an out-of-state entity to maintain verified-accredited wholesale distributors (VAWD) accreditation from the National Association of Boards of Pharmacy <i>if</i> they are not licensed in the entity's home state.
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	



THIRD PARTY LOGISTICS PROVIDER

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 of non-controlled substances; \$1,000.00 to distribute 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, 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 License Number
If change, select ALL that apply:		
Name	Ownership	Business Type (if currently licensed as a third party logistics provider.)

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).

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 #
					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
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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 LICENSES ISSUED BY THE STATE OF OHIO BOARD OF PHARMACY POSSESSED BY THE APPLICANT

License Numbers Only

6. LIST 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. TYPE OF DRUGS -Check the type(s) of dangerous drugs you distribute, or intend to distribute.

Application is hereby made for a certificate as a Third Party Logistics Provider, as provided in sections 4729.52 & 4729.53 of the Ohio Revised Code, as follows:	
Category II (Non-controlled drugs only) (\$950.00)	Category III (Controlled/Non-controlled drugs) (\$1,000.00) <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: (check all that apply)

Scientific
Purposes

Experimental
Purposes

Medicinal
Purposes

Instructive
Purposes

Return Service
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? No Yes

If yes, provide the name and address of the location:

B. Are drugs shipped from any other location? No Yes

If yes, provide the name and address of the location:

C. Can the purchaser order drugs from any other address? No Yes

If yes, provide the name and address of the location:

D. Are drugs transferred to any other location for the purposes of storage or research? No Yes

If yes, provide the name and address of the location:

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.**

Note: Please include wholesalers that you contracted with as a 3PL.

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.

****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>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?</p> <ul style="list-style-type: none"> ▪ 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. <i>This applies to question 16a only.</i> ▪ Note: Minor misdemeanor drug convictions <u>are not</u> required to be reported. ORC 2925.11(D). <p style="margin-top: 10px;">Yes No</p>
<p>16b. Has the applicant ever been convicted of, or are there charges pending for, any other felony under state or federal law?</p> <p style="margin-top: 10px;">Yes No</p>
<p>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.</p> <p style="margin-top: 10px;">Yes No</p>
<p>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?</p> <p style="margin-top: 10px;">Yes No</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 third party logistics provider license.

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)****

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

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	
<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

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

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 THIRD PARTY LOGISTICS PROVIDER 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 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 third party logistics provider for the applicant pursuant to rule 4729-5-11 of the Ohio Administrative Code.

I HEREBY CERTIFY that I, or personnel employed in the 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 third party logistics provider 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.

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**

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 4729-9-29 of the Administrative Code](#), a new third party logistics provider 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 third party logistics provider pursuant to 4729-5-11; and
- (b) The following persons based upon the third party logistics provider'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 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 Q17 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, 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