



VAWD ACCREDITATION EXTENSION REQUEST FOR 2017 RENEWAL

Statement to Be Completed by the Responsible Person for the Wholesale Distributor of Dangerous Drugs License with a **THIRD PARTY LOGISTICS PROVIDER** or **VIRTUAL WHOLESALE DISTRIBUTOR** classification.

***This form is for existing licenses only. It is not to be used for new applications.**

Effective April 4, 2017, the Board authorized a second one-time renewal to Wholesale Distributor of Dangerous Drugs with a *THIRD PARTY LOGISTICS PROVIDER (3PL)* or *VIRTUAL WHOLESALE DISTRIBUTOR* classification in the event a valid state license **OR** [Verified-Accredited Wholesale Distributors \(VAWD\)](#) accreditation is not available at the time of renewal [Ohio Administrative Code [4729-9-28\(C\)](#) and [4729-9-29\(C\)](#), effective April 1, 2016].

Extensions will only be granted to existing licenses which have already applied for VAWD accreditation with the National Association of Boards of Pharmacy (NABP). The following documents are required to be submitted for consideration of extension requests:

- Completed VAWD Accreditation Extension Request Form
- Proof of submitted application to NABP for VAWD accreditation

***Upload the required documents on the Board's website at:**

<http://www.pharmacy.ohio.gov/Licensing/GeneralDocumentUpload.aspx>

I certify that I will provide to the State of Ohio Board of Pharmacy on or before the 2018 Wholesale Distributor of Dangerous Drugs renewal date either of the following:

- A valid state license to distribute dangerous drugs in the state in which the business is physically located; OR
- A letter from the state licensing agency where the business is physically located that indicates that the state does not license such entities **AND** VAWD accreditation from the National Association of Boards of Pharmacy.

Business Name (as it appears on the license):	WDDD License #:
Street Address, City, State, Zip Code (No P.O. Box):	DEA number if applicable:

Printed Name of Responsible Person:	Social Security Number or Date of Birth:
Signature of Responsible Person:	Date:

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

