



Change of Designated Representative Form

This form must be submitted in the [eLicense](#) system under the additional documentation section. Instructions for submitting additional documentation in eLicense can be accessed [here](#).

IMPORTANT: Rule [4729:11-2-02 of the Ohio Administrative Code](#) requires any change of designated representative to be reported within **ten days** of the effective date of the appointment of the new designated representative.

This signed form must be [electronically submitted](#) to the Board to meet the notification requirements in administrative rule.

PART 1 – LICENSEE or REGISTRANT INFORMATION

Name as it Appears on License/Registration		License No.
Area Code / Phone #	Area Code / Fax #	
E-mail Address:	Effective Date of Change of Designated Representative	
First Name of New Designated Representative	Last Name of New Designated Representative	

PART 2 – DESIGNATED REPRESENTATIVE LEGAL AND DISCIPLINARY QUESTIONS

Answering incorrectly could be a violation of Ohio law, see ORC 4752.09 and 2921.13.

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 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)****

2a. Has the DESIGNATED REPRESENTATIVE been denied the right to work in any facility by the State of Ohio Board of Pharmacy as part of an official board order?

Yes No

2b. Has the DESIGNATED REPRESENTATIVE been denied the right to work in a facility by another professional licensing agency as part of an official order of that agency?

Yes No

2c. Within the past 10 years, has the DESIGNATED REPRESENTATIVE 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

2d. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Yes No

2e. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for a misdemeanor related to, or committed in, the person's provision of HME services, regardless of the jurisdiction in which the act was committed?

Yes No

2f. Has the DESIGNATED REPRESENTATIVE been disciplined by the State of Ohio Board of Pharmacy pursuant to Chapter 4729. of the Revised Code, except for a disciplinary action related to the failure to timely obtain continuing education required pursuant to agency 4729. of the Administrative Code?

Yes No

2g. Has the DESIGNATED REPRESENTATIVE 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

2h. Has the DESIGNATED REPRESENTATIVE been subject to a disciplinary action that resulted in the suspension, probation, surrender or revocation of the person's license, registration, certification or accreditation by an accrediting agency or a licensing or certification agency of any state or jurisdiction?

Yes No

2i. Has the DESIGNATED REPRESENTATIVE been subject to a disciplinary action that was based, in whole or in part, on the person's provision of home medical equipment services by an accrediting agency or a licensing or certification agency of any state or jurisdiction?

Yes No

2j. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?

Yes

No

2k. Has the DESIGNATED REPRESENTATIVE 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

PART 3 - STATEMENT OF DESIGNATED REPRESENTATIVE

Statement must be signed (**wet ink - NO COPIES**) and dated by the individual who will be responsible at this location (i.e. the Designated Representative).

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. and 4752. OF THE OHIO REVISED CODE THAT THIS FORM IS TRUE, CORRECT, AND COMPLETE. I HEREBY AGREE TO AND DO 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., 4729., and 4752. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.		
SIGNATURE of Designated Representative	Date Signed	PRINT OR TYPE FULL NAME
Phone (including area code)	E-mail Address	
Date of Birth	Social Security Number	

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