



Designated Representative Application and Renewal Attestation Form

Updated 2/3/2025

Instructions:

- For use by home medical equipment services provider applicants, licensees, or registrants only.
- This form should be uploaded, for inclusion in your application filing using Ohio's [eLicense system](#).

Designated Representative Application and Renewal Attestation Form



Instructions: *This form must be submitted with an application or license/registration renewal in the [eLicense system](#).*

Part 1 – Designated Representative Information - To be completed by the applicant’s Designated Representative.

Designated Representative First Name	Designated Representative Last Name
Year of Birth (YYYY)	Last Four Digits SSN
Applicant Business Name	

Part 2 – Attestation by Designated Representative - To be completed by the applicant’s Designated Representative. The designated representative may sign using a digital or wet ink signature.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4752. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE TRUE, CORRECT, AND COMPLETE.	
Signature of Applicant’s Designated Representative	Date Signed
Print Name of Designated Representative	