



Home Medical Equipment Services Provider Written Notice of Discontinuing Business

Updated 2/4/2025

OAC [4729:11-2-05](#) requires a licensed or registered HME services provider who plans to discontinue business activities to submit notification to the Board using this form. Notification is required **within thirty days** of the proposed date of discontinuing business.

Instructions:

1. Complete the form, sign using wet-ink or digital signature, and date.
2. Make a copy for your file.
3. Submit to the Board via email (new.license@pharmacy.ohio.gov) or via [eLicense Ohio](#).

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Part 1 – Licensee/Registrant Information

Business Name	License/Registrant Number
Street Address	County
City, State, Zip	Phone (XXX-XXX-XXXX)

Part 2 – Date of Discontinuation - A licensee or registrant who plans to discontinue business activities must file a notice with the Board of Pharmacy within 30 days of the proposed date of discontinuing business.

Date of Discontinuation (MM/DD/YYYY)

Part 3 – Location Where Required HME Records will be Maintained - Required records are those maintained in accordance with rule [4729:11-3-02](#) of the Administrative Code.

Location Name	License/Registration Number (if applicable)
Street Address	County
City, State, Zip	Phone (XXX-XXX-XXXX)

(Attach separate sheet if records are being maintained at multiple locations.)

Part 4 – Attestation by Designated Representative - To be completed by the licensee or registrant’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 ARE TRUE, CORRECT, AND COMPLETE.	
Signature of Designated Representative	Date Signed
Print Name of Designated Representative	