



APPLICATION FOR PAIN MANAGEMENT CLINICS

CAREFULLY READ ALL INSTRUCTIONS PRIOR TO COMPLETING APPLICATION – Failure to complete all required 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 FOR A PAIN MANAGEMENT LICENSE: CATEGORY III LICENSE WITH CONTROLLED SUBSTANCES IS \$220.00

PLEASE NOTE: [Per rule 4731-29-01](#), the following entities are exempt from licensure as a terminal distributor of dangerous drugs with a pain management clinic classification:

1. A hospital;
2. A facility operated by a hospital for the treatment of pain or chronic pain;
3. A physician practice owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;
4. A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians or any affiliated facility to the extent that it participates in the provision of that instruction;
5. A hospice program licensed under Chapter 3712. of the Revised Code;
6. An ambulatory surgical facility licensed under section 3702.30 of the Revised Code;
7. An interdisciplinary pain rehabilitation program with three-year accreditation from the commission on accreditation of rehabilitation facilities.

**APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET,
17TH FLOOR, COLUMBUS, OHIO 43215**

PLEASE MAKE CHECKS PAYABLE TO "TREASURER, STATE OF OHIO"

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





**PAIN MANAGEMENT CLINIC
TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS**

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.

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	If change, give current TDDD License Number
If change, select ALL that apply:		
Name	Ownership	

2. NAME OF BUSINESS BEING LICENSED - name under which applicant will be doing business, address, phone number, and mailing address if different than above.

Business Name (i.e. reflected by signage/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) & the person who will receive your Ohio license.

Name	Title
E-mail	Phone (include area code)

4. APPLICANT INTENDS DOING BUSINESS AS (Select One)-Indicate the applicant's type of business organization

Government	Corporation	Partnership	Limited Liability Company
Sole Proprietorship			

For State of Ohio Board of Pharmacy Use Only						
Control #	Amt Received	Office/Field	Class	BT	Drug Category	TDDD License New # Same #
					III	

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



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. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS
(If more than FOUR, please include information on a separate piece of paper)**

Leave blank if Government Agency

Name	Title	Date of Birth or Social Security Number
Name	Title	Date of Birth or Social Security Number
Name	Title	Date of Birth or Social Security Number
Name	Title	Date of Birth or Social Security Number

5. 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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6. CATEGORY III LICENSE - Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54, 4729.541, 4729.55, 4729.551 and 4729.552 of the Ohio Revised Code, as follows:

CATEGORY III - \$220.00 *This licensee may possess, have custody or control of, and distribute prescription drugs, including controlled substances contained in Schedules II, III, IV, or V. This includes a license with a pain management clinic classification. This category also includes laboratories and any other facilities seeking possession of schedule I controlled substances*

Drug Enforcement Administration License Number (<i>for Category III only</i>):
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7. PROVIDE A DETAILED 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 TDDD LICENSE

Indicate your hours of operation, web site address, and type of business you are conducting in Ohio. Refer to example questions below to assist with narrative. Narrative must be provided or the application is considered incomplete.

Examples: Describe the type of services you will offer at this clinic.

8. 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 4729.57 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
- Employees responsible for the provision of patient care at the facility (this includes contract prescribers and other healthcare professionals)
- Any other person 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

PLEASE NOTE: For a pain management clinic, section 4729.552 of the Revised Code requires all employees of the facility to submit to a criminal records check in accordance with section 4776.02 of the Revised Code and ensure that no person is employed who has previously been convicted of, or pleaded guilty to, either of the following: (1) A theft offense, described in division (K)(3) of section 2913.01 of the Revised Code, that would constitute a felony under the laws of this state, any other state, or the United States; or (2) A felony drug abuse offense, as defined in section 2925.01 of the Revised Code.

****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>8a. 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 8a only.</i> ▪ Note: Minor misdemeanor drug convictions <i>are not</i> required to be reported. ORC 2925.11(D). <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>8b. Has the applicant ever been convicted of, or are there charges pending for, any other felony under state or federal law?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>8c. 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="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>8d. 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="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>8e. 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?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>8f. 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?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>8g. 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?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

9. 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 4729.57 and 2921.13.

For more information on the required qualifications of the responsible person, visit: www.pharmacy.ohio.gov/responsible

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>9a. 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?</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. ▪ Note: Minor misdemeanor drug convictions <i>are not</i> required to be reported. ORC 2925.11(D). <p>Yes No</p>	
<p>9b. Has the responsible person ever been convicted of, or are there charges pending for, any other felony under state or federal law?</p> <p>Yes No</p>	
<p>9c. 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.</p> <p>Yes No</p>	
<p>9d. Has the responsible person ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the practice of medicine?</p> <p>Yes No</p>	
<p>9e. 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?</p> <p>Yes No</p>	
<p>9f. 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?</p> <p>Yes No</p>	
<p>9g. 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?</p> <p>Yes No</p>	

9h. 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
9i. 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
9j. 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
9k. Has the responsible person ever been convicted of a traffic offense involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction – was ultimately reduced or plead to a different offense other than the original charge?	
Yes	No

10. 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 (include area code)	E-mail	
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 Applicant	Date	Date of Birth or Social Security Number

11. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS

NOTE: OAC 4729-5-11 REQUIRES THE RESPONSIBLE PERSON OF A PAIN MANAGEMENT CLINIC TO MEET THE SAME STANDARDS AS THE OWNER OF THE CLINIC. FOR MORE INFORMATION, PLEASE REVIEW THE GUIDANCE DOCUMENT INCLUDED WITH THIS APPLICATION.

Statement must be signed (**wet ink – NO COPIES**) and dated by the individual who will be responsible for the supervision and control of the dangerous drugs and drug records at this location (i.e. the Responsible Person). *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 supervision and control over the possession and custody of the dangerous drugs and drug records that may be acquired/maintained by, or on behalf of, the applicant pursuant to Section 4729.55 of the Ohio Revised Code and Rule 4729-5-11 of the Ohio Administrative Code.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor of Dangerous Drugs, drugs may be purchased only within the requested category of license from Wholesale Distributors of Dangerous Drugs licensed in the State of Ohio by the Ohio State Board of Pharmacy. 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 AND I 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	Social Security Number	

Qualifications of Responsible Person

MD/DO License Number:

**COMPLETION OF THIS FORM IS REQUIRED BY O.R.C. SECTION 4729.54
MAXIMUM PENALTY: DENIAL OF LICENSE**



Pain Management Clinic (PMC) Application Checklist

Refer to ORC [4729.552](#) and OAC [4731-29-01](#)

All of the following documents must be sent with the Terminal Distributor of Dangerous Drug (TDDD) application. If any item is not submitted, the application is considered incomplete and cannot be processed.

- Corporation papers and/or articles of incorporation for the PMC
- List of all owners with their Ohio Medical Board license numbers

Per [rule 4731-29-01](#), all owners must be MD or DO licensed by the State Medical Board of Ohio with a statement confirming that none of the owners have been:

- Denied/restricted license by DEA
- Denied license/restricted license by any state
- Disciplinary action by any licensing entity

- Responsible Person (RP) must meet the requirements in [rule 4729-5-11](#).

Copy of current certification required by OAC 4731-29-01 **for each owner**
Either ONE of the following (6) CURRENT certifications:

American Board of Medical Specialties (ABMS) subspecialty certification in:

- (1) pain management
- (2) hospice & palliative medicine

American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) added qualification in:

- (3) pain management
- (4) hospice & palliative medicine

American Board of Pain Medicine

- (5) board certification

American Board of Interventional Pain Physicians

- (6) board certification



- OR -

American Board of Medical Specialties (ABMS) current board/primary certification

- OR -

American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) in one of the following:

(1) anesthesiology

(2) psychiatry

(3) neurology

(4) physical medicine and rehabilitation

(5) occupational medicine

(6) rheumatology

Note: In this case, a copy of PMC TDDD application must be sent to the Ohio Medical Board. If this step is not completed correctly it will delay processing of your application.

If applicable, copy of the PMC TDDD application sent to Medical Board on (date):

BCI&I and FBI background check for each owner pursuant to ORC 4776.02.

You will need to submit electronic fingerprint impressions at a WebCheck provider located in Ohio. WebCheck provider locations can be found by visiting:

<http://www.ohioattorneygeneral.gov/backgroundcheck>

Direct that the **results** be sent directly to: State of Ohio Board of Pharmacy, 77 South High Street, 17th Floor, Columbus, Ohio 43215

Instruct the provider that the reason for fingerprinting is Ohio Revised Code Section 4729.071 for Licensing and give them Agency Code: **1AB002**

Note: WebCheck provider must submit the results of these criminal records check directly to the Ohio Board of Pharmacy for review and decision pursuant to ORC 4729.552.

- Submit list of when criminal records checks were submitted, include the date & agency used for each owner.
- List of all prescribers employed that are not owners with their professional license number.
- A narrative description of the type of business being conducted within the category of licensure requested. The description shall include the type of professional services that will be provided in accordance with federal and state laws governing the legal distribution of drugs and professional medical practice. Your narrative should also include whether dangerous drugs and/or controlled substances will be stored on-site.
- Remember that all employees of the applicant must submit to a criminal records check in accordance with ORC 4776.02 and pursuant to OAC 4729.552(B)(4). These results are to be returned to the PMC applicant, NOT to the Board or to the employee. If these records are not available, the license will NOT be issued when our agents perform an initial inspection and may result in the delay or denial of a license. For more information see rule [4729-9-26](#) of the Ohio Administrative Code.



Pain Management Clinic Form Addendum

[Please print legibly]

I, as the Responsible Person for PMC.02 _____, hereby swear under penalty of perjury that:

1. I fully understand that a Category III Terminal Distributor of Dangerous Drugs (TDDD) license with Pain Management Clinic (PMC) classification may only be issued to a facility that is owned and operated solely by one or more physicians authorized under Chapter 4731. of the Ohio Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

2. The owner(s) of this practice are:

Full Legal Name	Ohio License # (Indicate if MD or DO)	Last 4 digits of Social Security #	Practice at this site
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

additional page(s) attached with complete list of owners & above information

Yes **No** This is the same list of owners submitted on the most recent application on file with the Board of Pharmacy.

Reminder: If ownership changes, I need to inform the Ohio Board of Pharmacy of the ownership change pursuant to ORC 4729.552(B)(5) by submitting another TDDD license application.

3. All owners are physicians authorized under chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

4. All the prescribers, other than the owners, practicing at this location are:

Legal Name	Professional title (MD, DO, APN, PA, etc.)	Ohio professional License #

additional page(s) attached with complete list of prescribers & above information

5. The application submitted for licensure is true and accurate to the best of my knowledge.

Print name _____

Signed _____

Sworn and subscribed in my presence this _____ day of _____, 20 _____.

Notary
Commission expires: _____ [seal]



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