



TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE

Complete the form then sign and date. Make a copy for your file. Mail, fax or e-mail the original to the Board office. You WILL NOT be mailed a new license – cross off old RP and sign current license.

Any change of responsible person must be reported within 30 days and an inventory of all controlled substances shall be taken at the time of change with the new responsible person. OAC 4729-5-11

-- THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL --

Terminal Distributor Name		License # 02
Street Address, City, State, Zip Code		<input type="checkbox"/> Check box if additional EMS Satellite locations apply list TDDD#(s) and names on separate sheet
Area Code / Phone #	Area Code / Fax #	E-mail Address:

ORC 4729.55(B) requires that “a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the State of Ohio Board of Pharmacy under section 4729.531 of the Revised Code, or a laboratory as defined in section 3719.01 of the Revised Code will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant”.

Full Name of New Responsible Person		Effective Date
Title	Date Of Birth [mm/dd/yyyy]	Social Security # (SSN)
Professional Licensure <input type="checkbox"/> RPh <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DVM <input type="checkbox"/> OTHER:		Professional License # (if applicable)

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Do you, as the person accepting responsibility by signing this form, have a record of arrest or charges pending or have a conviction of a felony, misdemeanor or traffic violation (even if expunged, dismissed or sealed) or the equivalent in another jurisdiction?</p> <p>FOR TRAFFIC VIOLATIONS: CHECK YES - Charge(s) for traffic offenses such as OVI (also referred to as OMVI, DUI or DWI [driving/operating a motor vehicle under the influence]), failure to stop after an accident (also referred to as “hit skip”), operation of a vehicle in willful or wanton disregard of the safety of persons or property (also referred to as “reckless operation”), having physical control of vehicle while under the influence and driving under suspension – even if the charge was ultimately reduced or plead to a different offense other than the original charge.</p> <p>DO NOT CHECK YES - Parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired registration.</p>
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<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action (or any pending action) by any state or federal agency; even if subsequently dismissed or resolved without formal discipline?</p>
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77 South High Street, 17th Floor, Columbus, Ohio 43215



<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>If YES to either above, has the explanation of charges already been filed with the Board? If NO, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed. Send a certified copy of the charging instrument and the final judgment entry for each occurrence.</p> <p>If YES, it is not necessary to file again.</p>
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I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. 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. AND 4729. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

SIGNATURE of New Responsible Person

DATE SIGNED

If you are currently responsible for a Terminal Distributor license and need removed from that location, please include location name and Terminal Distributor number of the location to be removed from below:

Responsible Person Name:	License Number:
Terminal Distributor Name	License Number # 02 -