Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

## **Consulting Pharmacy - No Drugs On-Site**

## **Updated 2/3/2025**

For consulting pharmacies applying for a terminal distributor of dangerous drugs license that does not/will not possess dangerous drugs (e.g., prescription medications) on-site.

## **Instructions:**

- To be completed by the Responsible Person for a consulting pharmacy.
- This form must be submitted with an application in Ohio's <u>eLicense system</u>.



## **Consulting Pharmacy - No Drugs On Site**

**Responsible Person First Name** 



**Responsible Person Last Name** 

**Instructions:** To be completed by the Responsible Person for a consulting pharmacy. This form must be submitted with an application in the <u>eLicense system</u>.

**Part 1 – Responsible Person Information** - *To be completed by the applicant's Responsible Person.* 

Applicant Business Name	
Part 2 – Attestation by Responsible Person - To be completed by the applicant's Responsible Person. May be signed using a digital or wet ink signature.	
I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE <b>TRUE, CORRECT, AND COMPLETE</b> AND THAT NO DANGEROUS DRUGS WILL BE PURCHASED, POSSESSED, STORED OR USED AT THE LOCATION SEEKING LICENSURE AS A TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS.	
Signature of Applicant's Responsible Person	Date Signed
Print Name of Responsible Person	