



## Terminal Distributor - OARRS Exemption Request

To be completed by the Responsible Person of a terminal distributor of dangerous drugs. Submission of this form replaces all prior requests for exemptions from reporting to OARRS. Wholesalers and other drugs distributors can access a similar request form [here](#).

The form must be signed (wet ink), scanned and submitted using the document upload feature on the Board of Pharmacy website: [www.pharmacy.ohio.gov/upload](http://www.pharmacy.ohio.gov/upload). Be sure to select "OARRS Exemption" as the document type. **Please allow up to two weeks to process a request.**

Name of Terminal Distributor		Ohio TDDD License No. (beginning with 02)	
Street Address	City	State	Zip
Drug Enforcement Administration Registration No. (if applicable)		Fax No.	
Contact E-mail		Telephone No.	

**Reporting Exemption Request Type** - Read ALL options before selecting any/all that apply.

	<p>Prescriber personally furnishes or pharmacy dispenses controlled substances or gabapentin (and, if a pharmacy, <a href="#">naltrexone</a>) but is closed for business on the following days (check all that apply):</p> <p style="text-align: center;"> <input type="checkbox"/> Sunday      <input type="checkbox"/> Monday      <input type="checkbox"/> Tuesday      <input type="checkbox"/> Wednesday  <input type="checkbox"/> Thursday      <input type="checkbox"/> Friday      <input type="checkbox"/> Saturday </p> <p><b>NOTE: If you select this option, an exemption will only be granted for the days selected.</b></p>
	<p>Prescriber or prescribers at my facility only write prescriptions for patients to fill at a pharmacy and do NOT give (i.e. personally furnish) any controlled substances or products containing gabapentin to patients for them to take home. This includes samples.</p>
	<p>I am a veterinary practice.</p>



	Pharmacy does NOT dispense ANY controlled substances, gabapentin or <a href="#">naltrexone</a> to outpatients.
	<b>Prescribers only:</b> I only personally furnish methadone or buprenorphine for treating addiction or dependence. <b>NOTE:</b> Methadone or buprenorphine that is personally furnished and used to treat conditions other than addiction must be reported.
	<b>Pharmacies located outside Ohio (Non-resident pharmacies) only:</b> The licensee does NOT dispense or ship ANY controlled substances, gabapentin or <a href="#">naltrexone</a> to Ohio outpatients.
	<p><b>Pharmacies only:</b> I am not conducting any of the following:</p> <ul style="list-style-type: none"> <li>▪ Transfers to other pharmacies or prescriber offices (under the same common ownership) of controlled substances or products containing gabapentin.</li> <li>▪ Occasional wholesale sales to other pharmacies or prescriber offices of controlled substances or products containing gabapentin.</li> </ul> <p><b>NOTE: If you select this option, an exemption will only be granted for the reporting of wholesale sales to OARRS.</b></p>

I HEREBY REQUEST THE STATE OF OHIO BOARD OF PHARMACY TO GRANT AN EXEMPTION FROM HAVING TO SUBMIT A ZERO REPORT FOR THE PURPOSES OF COMPLIANCE WITH RULE 4729:8-3-04 OF THE ADMINISTRATIVE CODE.		
I ACKNOWLEDGE THAT ANY EXEMPTION GRANTED BY THE BOARD WILL NO LONGER BE VALID IF THE ENTITY LISTED IN THIS FORM NO LONGER QUALIFIES FOR THE EXEMPTION AS REQUESTED.		
I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM IS <b>TRUE, CORRECT, AND COMPLETE.</b>		
<b>Responsible Person Signature</b>	<b>Date</b>	<b>Printed Name</b>

***Attestation must be signed by Responsible Person in wet ink.***