



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

Attestation must be signed by Responsible Person in wet ink.