Request for Exemption from Physician Ownership/Operation Requirement

Updated 5/11/2020

Section 4729.553 requires a terminal distributor of dangerous drugs with an office-based opioid treatment classification to be owned and operated solely by one or more physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, **unless** the Board of Pharmacy has exempted the applicant from this requirement.

Please be advised that requests will be presented to the Board for approval upon submission of a completed request form, to include the results of the required criminal records check for each owner and each person employed by or seeking employment with the facility.

In reviewing the exemption request, the Board will consider, at a minimum, all the following:

1. The results of criminal records checks;
2. The results of a pre-inspection authorized in accordance with rule 4729:5-3-03 of the Administrative Code;
3. A review of any past disciplinary actions taken against any owner that are based, in whole or in part, on the professional's inappropriate prescribing, personally furnishing, diverting, administering, storing, compounding, supplying or selling a controlled substance or other dangerous drug; and
4. Commission of an act by any owner that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed.

NOTE: Previous disciplinary action or criminal convictions do not automatically disqualify a facility from obtaining an exemption. The Board is responsible for reviewing the facts and circumstances related to an exemption request to determine its potential connection, if any, to the issuance of a license. The purpose of such review is to act as a safeguard against the diversion of dangerous drugs and to protect the health and safety of the public.

Please be advised, the Board reserves the right to request additional information from an applicant to determine if granting a license is in the public's interest.

An applicant whose request is denied by the board will be provided with a written explanation of the denial and allowed one opportunity to resubmit its request to address the identified concerns. The resubmission of the request shall occur within sixty days of receiving the board's written explanation or the request form will be deemed abandoned.

To be considered for an exemption of this requirement, please submit the following form as part of the application in the eLicense system.

Request for Exemption from Physician Ownership and Operation Requirement

NAME OF OWNER(S) & OPERATOR(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS AND OPERATORS*

If more than FOUR, please include information on a separate piece of paper and sign the statement included on this page.

Name	**Title**	**Date of Birth or Social Security No.**	**Professional License No. and Name of Licensing Agency (if applicable)**
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**For a corporation, the following individuals must be listed: The president, vice president, secretary, treasurer, and chief executive officer, or any equivalent position of a corporation, and, if a corporation is not publicly traded on major stock exchange, each shareholder owning ten percent or more of the voting stock of the corporation (OAC 4729:5-18-03)*

Statement must 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.

I HEREBY REQUEST AN EXEMPTION PURSUANT TO 4729.553(D)(1) OF THE OHIO REVISED 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 WAIVER REQUEST ON BEHALF OF THE ENTITY LISTED IN THIS APPLICATION AND THAT THIS REQUEST FORM IS **TRUE, CORRECT, AND COMPLETE**.

Signature of Applicant	**Date**

Applicant Name (please type or print)