



## Pain Management Clinic Renewal Form Addendum

[Please print legibly]

I, as the Responsible Person for PMC.02 \_\_\_\_\_, hereby swear under penalty of perjury that:

1. I fully understand that a Category III Terminal Distributor of Dangerous Drugs (TDDD) license with Pain Management Clinic (PMC) classification may only be issued to a facility that is owned and operated solely by one or more physicians authorized under Chapter 4731. of the Ohio Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

2. The owner(s) of this practice are:

Full Legal Name	Ohio License # (Indicate if MD or DO)	Last 4 digits of Social Security #	Practice at this site
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

additional page(s) attached with complete list of owners & above information

**Yes**  **No** This is the same list of owners submitted on the most recent application on file with the Board of Pharmacy.

Reminder: If ownership changes, I need to inform the Ohio Board of Pharmacy of the ownership change pursuant to ORC 4729.552(B)(5) by submitting another TDDD license application.

3. All owners are physicians authorized under chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

4. All the prescribers, other than the owners, practicing at this location are:

Legal Name	Professional title (MD, DO, APN, PA, etc.)	Ohio professional License #

additional page(s) attached with complete list of prescribers & above information

5. The application submitted for licensure is true and accurate to the best of my knowledge.

Print name \_\_\_\_\_

Signed \_\_\_\_\_

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary  
Commission expires: \_\_\_\_\_ [seal]

