



Statement to Be Completed by the Advanced Nurse Practitioner (APN) with Prescriptive Authority Who Is Signing as Responsible Person for a Terminal Distributor of Dangerous Drug (TDDD) License

I certify that I, _____ (print name), am an advanced practice nurse with CTP # _____. I acknowledge that I, and my APN staff with prescriptive authority, may only prescribe a drug or therapeutic device within the scope of my practice and that is listed on the approved formulary pursuant to ORC 4723.481 and OAC 4723-9-09 & 4723-9-10(E).

I acknowledge that the only dangerous (i.e., prescription) drugs that may be purchased, obtained and possessed at this location are those that are included on the limited TDDD license (if applicable) and in the types of drugs listed on The Formulary developed by the Committee on Prescriptive Governance for APNs who hold a current, valid Certificate to Prescribe.

I acknowledge that I, and my APN staff with prescriptive authority, may personally furnish to a patient any drug sample that is included in the types of drugs listed on The Formulary and is not a controlled substance, pursuant to ORC 4729.481(E) and OAC 4723-9-08(A).

I acknowledge that ONLY if this location is a health department operated by the Board of Health of a city or general health district, a federally funded comprehensive primary care clinic, or a non-profit health care clinic may I, or my APN staff with prescriptive authority, personally furnish to a patient a complete or partial supply of a drug included in the types of drugs listed on The Formulary pursuant to ORC 4723.481(F) and OAC 4723-9-08(B). These categories include antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, and drugs used in the treatment of diabetes, asthma & dyslipidemia. Otherwise (i.e., if this location is a for-profit business) I, or my APN staff with prescriptive authority, can only personally furnish over the counter medication.

Signature of APN Date

RN license # _____

Document must be notarized:

Sworn to and signed before me this date:

(Date)

(Signature of Notary)

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