



RESPONSIBLE PERSON REQUIREMENTS FOR LICENSURE

Adopted 11.7.2016

Pursuant to rule 4729-5-11, the Board of Pharmacy is required to adopt a resolution providing the credential types or qualifications required for the responsible person of each classification of terminal and wholesale distributor of dangerous drugs license. Only individuals that meet the credentials specified may be the responsible person for that classification type.

Effective, September 1, 2016, the Board hereby adopts the following responsible person requirements:

LICENSES	LIMITED OR UNLIMITED LICENSE	RESPONSIBLE PERSON	ADDITIONAL REQUIREMENTS
<u>PHARMACY</u>			
In-State Pharmacy	Unlimited	RPH	N/A
Consulting Pharmacy	Limited	RPH	Consulting Only Form
Non-Resident Pharmacy	Unlimited	RPH	Compounding pharmacies must provide documentation pursuant to rule 4729-16-08.
Non-Resident Consulting Only	Limited	RPH	Consulting Only Form



Remote Order Entry	Limited	RPH	Remote Order Entry Form
Contingency Stock - Nursing Home	Unlimited	RPH	N/A
<u>MEDICAL GASES</u>			
Oxygen	Limited	MD, DO, RN, APRN, MANAGEMENT, LNHA, RRT	Provide a notarized, signed drug list. APRN statement
Nitrous Oxide Manufacturer Use	Limited	MANAGEMENT	Provide a notarized, signed drug list.
<u>FACILITIES</u>			
Animal Control, Dog Pound, Dog Warden-Humane Society	Limited	DVM	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director.
Animal Euthanasia	Limited	CET, DVM, DOG WARDEN	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director. Provide Euthanasia certifications of technicians.
Zoo/Veterinary Practice	Unlimited	DVM	N/A
Dog Trainer	Limited	MEDA: Law Enforcement Official RESP:	Must have law enforcement affiliation. Provide a signed and

		Management	notarized contract with an Ohio law enforcement agency. Provide a notarized drug list approved by the MEDA
First Aid Room	Limited	DO, MD, APRN	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director. APRN statement
Home Health	Limited	DO, MD, RPH	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in
Hospice	Unlimited	DO, MD, RPH	N/A
Custodial Care/Group Home	Unlimited	DO, MD	N/A
Blood Banks	Unlimited	DO, MD	N/A
Imaging	Limited	DO, MD	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director.
Laboratory/Research	Unlimited	DO, MD, PHD, CHEMIST, MANAGEMENT	Must provide a proof of a degree in one of the following: chemistry, biochemistry,

			forensic science, biology, microbiology, or related pure applied science.
Clinical Trials	Unlimited	DO, MD	N/A
Nursing Home Drug Stock	Limited	DO, MD, APRN	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director. APRN statement
Peritoneal Dialysis Center	Limited	MANAGEMENT	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director.
Correctional Institutions	Unlimited	MD, DO, APRN, RPH	APRN statement
EMS Headquarters & Satellites	Limited	MD, DO, RPH	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director.
Pain Management	Unlimited	MD, DO	Pain Management Addendum on renewal and meet requirements in rule 4729-5-11.

Clinics (Mobile Clinics, Urgent Care, Convenience Care Clinics, Helicopter/Aircraft)	Unlimited	MD, DO, APRN, RPH, DPM	APRN statement
Prescriber Practices	Unlimited	MD, DO, APRN, RPH, DPM	Prescriber Compounding Addendum APRN statement
Oncology Clinics	Unlimited	MD, DO, APRN, RPH	APRN statement
Infusion Center	Unlimited	DO, MD, APRN, RPH	APRN statement
Dialysis	Unlimited	DO, MD, APRN	APRN statement
Free Standing Emergency Department	Unlimited	DO, MD, RPH	N/A
Ambulatory Surgery Center	Unlimited	DO, MD, RPH	N/A
Physical Therapy	Limited	DO, MD, APRN, RPH, DPM	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director. APRN statement
Sports Training Facility	Unlimited	DO, MD, DPM	N/A
Mental Health	Unlimited	DO, MD	N/A
Outpatient Chemical Treatment	Unlimited	DO, MD	N/A
Teaching Institutions ** Injecting into humans RESP must be a DDS, DO, MD, DPM, RPH, and/or APRN	Limited	DDS, DO, MD, DPM, RPH, APRN, RN (HEAD OF PROGRAM)	Provide a notarized, signed drug list, protocol, and an authorized personnel list on initial application or if a change in Medical Director.

Wholesaler Distributors

<ul style="list-style-type: none">• Wholesaler Distributors• Virtual Manufacturer/Wholesaler• Third Party Logistics (3PL)	Unlimited	MANAGEMENT	N/A
Outsourcing Facility	Unlimited	RPH	Provide a FDA inspection report (483A) and a State Inspection less than 2 years' old.