



## CREDENTIAL CLASS TYPE: SPECIALTY TREATMENT PROGRAMS (STP)

Your terminal distributor of dangerous drugs (TDDD) license will expire on March 31, 2018.

Failure to renew by the **March 31, 2018** deadline will cause your license to default to a "Failure to Renew" status and you will incur late fees. Once a license expires, it is also illegal to purchase, possess, store, or dispense dangerous drugs in Ohio.

To initiate the process, the Board of Pharmacy will send an e-mail to the contact person on the license that you will need to renew online on our website at [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov). The email will contain a User ID and password, and a link to our website labeled "2018-2019 Renewal for Terminal Distributors." The link will be available beginning January 12, 2018.

### PAYMENT

**A CREDIT CARD, PRE-PAID VISA/MASTERCARD, OR AN ELECTRONIC CHECK WILL BE REQUIRED TO RENEW ONLINE AND PAY THE MANDATORY FEE(S). CHECKS AND MONEY ORDERS WILL NOT BE ACCEPTED.**

- On September 29, 2017, there was a fee increase for all Licensees.
  - Category III TDDD licenses are now \$220.00

### **PRIOR TO RENEWAL, PLEASE DO THE FOLLOWING:**

- Make sure the Board of Pharmacy has your most current **COMPANY** email address on file for your facility license. To review your contact information and/or to make changes:
  1. Go to our website: [www.pharmacy.ohio.gov/updateemailaddress.aspx](http://www.pharmacy.ohio.gov/updateemailaddress.aspx)
  2. Enter the User Name and Password
  3. Review/change email address as needed
- Any changes in ADDRESS, OWNERSHIP, BUSINESS OR TRADE NAME, AND/OR LICENSE CATEGORY will require a **NEW PAPER APPLICATION** accompanied by the required fee which must be submitted via postal mail to the State of Ohio Board of Pharmacy within 30 days of the change. Applications can be found on our website at <http://pharmacy.ohio.gov/Licensing/TDDD.aspx> under "Applications."

**NOTE: DUE TO AN INCREASE VOLUME OF APPLICATIONS IT IS STRONGLY SUGGESTED THAT PAPER APPLICATIONS ARE SUBMITTED AS SOON AS POSSIBLE AS PROCESSING TIME MAY TAKE UP TO 30-45 DAYS.**

- If there is a change in Responsible Person. Fill out the "Change of Responsible Person" Form, and email it to [new.license@pharmacy.ohio.gov](mailto:new.license@pharmacy.ohio.gov). Wait **7 business days** for the change to occur and then proceed with the ONLINE RENEWAL PROCESS once the renewal cycle is open.



- If “yes” is answered to any of the legal questions, you are required to submit legal documents to the State Board of Pharmacy within 7 business days by mail to:

STATE OF OHIO BOARD OF PHARMACY  
ATTN: LICENSING DEPARTMENT TERMINAL DISTRIBUTOR RENEWAL  
LICENSE #: \_\_\_\_\_  
77 S. HIGH ST., 17<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215

- Additional questions have been added to the renewal application due to updates to our licensing platform. **PLEASE COLLECT THIS INFORMATION PRIOR TO STARTING THE APPLICATION PROCESS.**
  - Legal Name (name of the business as it appears on the certificate of incorporation, charter, bylaws, partnership agreement or other official document):
  - DBA/Trade/Fictitious Name
  - State of Incorporation or Formation
  - Charter/Entity/Registration Number with the state listed above
  - Federal Tax ID (Social Security Number if Sole Proprietorship)

The above information may be contained in the incorporation papers usually maintained by the applicant’s business office or, for Ohio companies, may be obtained by visiting the Ohio Secretary of State: [www.sos.state.oh.us](http://www.sos.state.oh.us)

**Note:** If a corporation has the same legal issues for multiple locations, i.e. legal on owners, you may provide the legal document under **ONE** TDDD number and provide a list for all facilities & their TDDD’s that the legal matter(s) will apply too.

#### **RENEWAL SUBMISSION REQUIREMENTS:**

- PAIN MANAGEMENT CLINIC (PMC): Please submit a completed and signed “PAIN MANAGEMENT CLINIC RENEWAL FORM ADDENDUM”. You can find this form on our website at <http://www.pharmacy.ohio.gov/Licensing/TDDD.aspx> under FORMS. Please upload the form to the following link: <http://www.pharmacy.ohio.gov/Licensing/DocumentUpload.aspx>
- OPIOID TREATMENT PROGRAM (OTP): Please upload the current SAMHSA or CARF accreditation certificate. Please upload the to the accreditation certificate to the following link: <http://www.pharmacy.ohio.gov/Licensing/DocumentUpload.aspx>