



eLicense Guide: Terminal Distributor of Dangerous Drugs Renewal

Updated 1/13/2025

Renewal Application Required Information and Documentation:

- Applicant Attestation Form – www.pharmacy.ohio.gov/Applicantattest
- Responsible Person Attestation Form – www.pharmacy.ohio.gov/RPattest
- Criminal conviction or disciplinary action documentation (*if applicable*)
- Valid payment via credit card (Visa, MasterCard, or Discover)

IF THE TDDD HAS EXPERIENCED A CHANGE IN ADDRESS, OWNERSHIP, BUSINESS NAME, AND/OR LICENSE CATEGORY, A CHANGE IN BUSINESS DESCRIPTION SHOULD BE SUBMITTED. THE CHANGE IN BUSINESS DESCRIPTION REQUEST WILL QUALIFY AS RENEWAL FOR THE LICENSE, THEREFORE A RENEWAL APPLICATION WILL NOT BE REQUIRED. FOR INSTRUCTIONS ON SUBMITTING A CHANGE IN BUSINESS DESCRIPTION PLEASE REVIEW [THIS GUIDANCE DOCUMENT](#).

Accessing the Renewal Application:

1. The terminal distributor must designate someone to file the renewal application in the eLicense Ohio system. Each user must create their own eLicense Ohio account before they can renew the terminal license. All licensed healthcare professionals may use their existing eLicense account to renew the terminal distributor license. To register for an account visit, https://elicense.ohio.gov/OH_NewLicenseSelfRegistration. Then [follow these steps](#) to add the terminal distributor license to the user's eLicense Ohio Dashboard.
2. Access the portal using the eLicense system at https://elicense.ohio.gov/oh_communitieslogin.
3. Log in to the user's current account. You may utilize the 'Reset Password?' option to reset the password.

For assistance with an eLicense Ohio account, please contact the Customer Support Center at (855) 405-5514, Monday – Friday, 8:00am to 5:00pm ET.

Completing the Renewal Application:

From the Dashboard, locate the Terminal Distributor of Dangerous Drugs license, select **OPTIONS**, then **RENEW**. Note: a renewal application must be filed for each terminal distributor license.

1. **ELIGIBILITY:** Answer the eligibility question and then 'Proceed to Application'.
2. **BUSINESS INFORMATION:** Ensure all business information is current and select 'Next'.
3. **QUESTIONS:** This section will have questions on the business practices, and legal and disciplinary action questions. Answer all questions truthfully and select 'Next'.

4. **ATTACHMENTS:** Upload the Applicant and Responsible Person attestation forms. Other documentation may be required depending on specific answers in the QUESTIONS section. Select 'Next'.
5. **REVIEW & SUBMIT:** Correct any errors within the application and select the 'Consent to Electronic Signature' check box and type the user's first and last name in the box provided. Select 'Submit' to proceed to payment.
6. **CART:** Select the check box for the appropriate license, then 'Continue' to checkout, then 'Continue' again to proceed to the payment screen.
7. **PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue', then select 'Submit' on the next screen.

RENEWAL APPLICATION:

From the user's dashboard, select **OPTIONS** menu from the Terminal Distributor of Dangerous Drugs license tile, then select '**Renew**'.



ELIGIBILITY:

Answer the eligibility questions, then select '**PROCEED TO APPLICATION**'.

Eligibility

By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.

Is the business name on this license correct?
 Yes No

Has there been a change in ownership of this business that you have not reported to the Board of Pharmacy? See the renewal application instructions for more information on what constitutes a change of ownership.
 Yes No

Is the category for this license correct?
 Yes No

Is the address for this location correct?
 Yes No

Is the Responsible Person currently listed on the license correct?
 Yes No

If any changes need to be made to the license, a change in business description needs to be submitted instead of a renewal application. Instructions on submitting a change in business description [can be found here](#).

If **only the Responsible Person needs to be changed**, please submit a Change of Responsible Person service request prior to renewing the license. Instructions on submitting a change of Responsible Person [can be found here](#).

BUSINESS INFORMATION:

Review and ensure all business information is correct, including the mailing address.

Business Information

Provide the necessary business information in the fields to the right.

Business Name	<input type="text" value="PRX Test Business"/>
Doing Business As	<input type="text" value="DBA Test"/>
Registered As	<input type="text" value="Corporation"/>
Website	<input type="text"/>
Business Email	<input type="text" value="before1con@maskedtest.com"/>
* Business Phone Number	<input type="text"/>
Business Fax Number	<input type="text"/>
Primary Contact Last Name	<input type="text" value="test"/>
Primary Contact Email	<input type="text" value="before1con@maskedtest.com"/>
Primary Contact Phone Number	<input type="text" value="(614) 466-4143"/>
Primary Contact First Name	<input type="text" value="test"/>

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license.) To add a new address, click Add Address, complete the required fields, and click Save.

 ADDRESS SAVED SUCCESSFULLY

77 S High St
Columbus OH 43215-6108
Franklin
United States

[USE DIFFERENT ADDRESS](#)

Once all information is populated, select **'Save and Continue'**.

BACKGROUND:

A secondary email address may be entered (optional). The secondary email address does not update the main email address the board uses to communicate with the licensee. It will only receive the renewal confirmation email. This email may be used by Board staff in future communications.

Secondary Email Address

If relevant, please enter a secondary email address.

Secondary Email Address *

[CANCEL](#) [SAVE](#)

When complete, select **'Save and Continue'**.

QUESTIONS:

- Confirm there are no changes to the license that need reported to the Board via a Change request or application.

Is the business name of the licensee on the renewal notice correct?

Yes No

Has there been a change in the ownership of this business?

Yes No

Is the Category for this license correct?

Yes No

Is the address for this location correct?

Yes No

Is the Responsible Person on the renewal notice correct?

Yes No

- Provide a brief narrative of the license’s business model – patients served, types of dangerous drugs possessed, etc.
- Compounding Question (if applicable) – please review the Board’s guidance document here – www.pharmacy.ohio.gov/compoundrenew.
- Provide DEA number used to order dangerous (i.e. prescription) drugs (if applicable).

In the space below, write a brief narrative of this license's business model.

Please review the Board's Prescriber Compounding Guidance carefully prior to answering this question. The guidance is available here – <https://www.pharmacy.ohio.gov/compoundrenew>. Does the terminal distributor, or any individual employed for or working on behalf of the terminal, compound dangerous drugs to administer or personally furnish to patients?

Is the physical location of the terminal distributor within, adjacent to, or on the same property as a private residence?

Yes No

Enter your federal DEA number here.

- OARRS Reporting question – review the question and guidance carefully and select the answer that applies to the terminal distributor license. For questions on this requirement, please email the OARRS team - support@pharmacy.ohio.gov.

Ohio Administrative Codes 4729:8-2-01 and 4729:8-2-02 require the reporting of all outpatient prescriptions dispensed or personally furnished (even one dose) for controlled substances, gabapentin, and naltrexone (when indicated for the treatment of alcohol dependence or the prevention of relapse to opioid dependence) to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs. Note: If you select option 2, 3 or 4, you do not need to send an Exemption Request form to OARRS. Select from the list the description that applies to this license:

1. This licensee dispenses reportable medications to patients for home use and must report to OARRS

2. I am a veterinarian (exempt)

3. This licensee does NOT dispense ANY controlled substances or gabapentin to outpatients (exempt)

4. I only personally furnish methadone or Suboxone (buprenorphine) for treating addiction (exempt)

- Legal and Disciplinary Questions – please review the Board’s guidance document here – www.pharmacy.ohio.gov/legalbusiness to determine the individuals covered under the term “APPLICANT”.

In the last 3 years, has the APPLICANT ever (1) committed an act that constitutes; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of a disqualifying offense, as outlined in this document (www.pharmacy.ohio.gov/DQ), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed, expunged, or the equivalent.*

Yes No

In the last 3 years, has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

Yes No

In the last 3 years, has the APPLICANT ever had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending?

Yes No

In the last 3 years, has the RESPONSIBLE PERSON been charged with and/or convicted of **traffic offenses involving drugs, alcohol, or other substances** regardless of whether the original charge was ultimately reduced or pleaded to a different offense other than the original charge? *Common offenses may be referred to as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction.*

Yes No

In the last 3 years, has the RESPONSIBLE PERSON ever (1) committed an act that constitutes; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of disqualifying offense, as outlined in this document (www.pharmacy.ohio.gov/DO), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed, expunged, or the equivalent.*

Yes No

In the last 3 years, has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

Yes No

In the last 3 years, has the RESPONSIBLE PERSON ever had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending? *This includes any business entity of which the responsible person was the majority owner.*

Yes No

Once all questions are answered, select '**Save and Continue**'.

ATTACHMENTS:

Upload completed Applicant and Responsible Person Attestation forms. Other requirements may be required. Review the description and upload the appropriate document by selecting the 'ADD ATTACHMENT'.

Required Attachment Example:

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Responsible Person Attestation	Signed Responsible Person Attestation. A copy of the form may be found here .	ADD ATTACHMENT
Applicant Attestation	Signed Applicant Attestation. A copy of the form may be found here .	ADD ATTACHMENT

REVIEW & SUBMIT:

Attestation

I declare under penalties of falsification as set forth in Chapters 2921. and 4729. of the Ohio Revised Code that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license is applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code and all related laws and rules. I fully understand that submission of this application with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4729.26 of the Ohio Revised Code.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(TestPRX Account)

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER **SUBMIT**

CART & PAYMENT:

Select the ‘**License Renewal/Reinstatement**’ fee check box, then select ‘**Continue**’ and follow the prompts to complete payment.

License Renewal/Reinstatement Fee for 0260001116

Type	Created Date	Licensee Name	Total	Outstanding	Waived	State/Province	Reason for Submitting Service Request
Terminal - Clinic - Category 2 - Renewal - Fee	11/26/2024 2:35 PM	PRX Test Business	\$320.00	\$320.00			
eLicense System Transaction Fee	11/26/2024 2:35 PM	PRX Test Business	\$3.50	\$3.50	\$0.00		

IMPORTANT - The name and billing address information (street number and zip code) must match what is on file with the financial institution EXACTLY or the payment will be declined for fraud protection reasons. If this happens, please contact the financial institution to verify the information on file.

QUESTIONS:

For help or questions, please e-mail licensing@pharmacy.ohio.gov.

For help logging in to an eLicense account, registering, or any other technical issues with eLicense Ohio, please call the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.