



OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126

-Equal Opportunity Employer and Service Provider-

TEL: 614-466-4143

E-MAIL: licensing@bop.ohio.gov

FAX: 614-752-4836

TTY/TDD: Use the Ohio Relay Service: 1-800-750-0750

URL: <http://www.pharmacy.ohio.gov>

8/26/2013

Dear Terminal Distributor Limited License Holder:

This announcement is in reference to **ORC 4729.54 Terminal distributor licenses**

(B) (1) A person who desires to be licensed as a terminal distributor of dangerous drugs shall file with the executive director of the State Board of Pharmacy a verified application. After it is filed, the application may not be withdrawn without approval of the Board.

(c) If the person wishes to be licensed as a limited category I, limited category II, or limited category III terminal distributor of dangerous drugs, a notarized list of the dangerous drugs that the person wishes to possess, have custody or control of, and distribute, which list shall also specify the purpose for which those drugs will be used and their source;

In order to expedite the drug list addendum process and consequently the 2014 renewal process, we are **pleased to announce an online solution**. This solution will allow for complete online submission of your Drug List, Authorized Personnel List, Protocols and/or Change of Medical Director notifications when necessary. It will also significantly shorten the turn-around time for any revisions submitted to the Board office.

THIS PROCESS MUST BE COMPLETED PRIOR TO THE 2014 RENEWAL CYCLE. Attached please find the instructions to complete the process. Also, the chart on the back of this letter provides guidance regarding the files that **MUST** be provided by license type. We ask that you complete **no later than September 30, 2013**. Failure to complete this process prior to the deadline will result in your inability to potentially renew online and severely delay your renewal license. It is important to note, during the renewal cycle you will NOT have to do this process again, unless you have revisions to report.

If you do not have access to a computer and therefore cannot complete the recommended process, you will need to submit a written or faxed request to the Ohio State Board of Pharmacy:

Written Request: Licensing Administrator, Ohio Board of Pharmacy, 77 South High Street, Room 1702, Columbus, OH 43215-6126

Faxed Request: 614-752-4836

If you have problems or concerns, please feel free to contact me. The most expedient way to have your questions answered will be to email the Board office utilizing the "CONTACT THE BOARD" selection along the left side of the website. Be sure to select "General Licensing Information" as your subject line.

Thank you,

Jennifer L. Utterdyke, R.Ph.
Ohio State Board of Pharmacy
Director of Internship/Licensing Administrator

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DOCUMENTS YOU MUST SUBMIT

If your license begins with:	Who MUST Sign Your Paperwork	NOTARIZED Drug List Signed	Authorized Personnel List	NOTARIZED Protocols Signed	NOTARIZED CHANGE of Medical Director SIGNED
AC	DVM	√	√	√	IF CHANGE TOOK PLACE AND YOU HAVE NOT YET REPORTED
AE	CET; DVM	√	√	√	
CC	DO; MD	√	√	√	
CI	DO; MD	√	√	√	
CL	DO; DPM; MD; RPh	√	√	√	
CLC	DO; DPM; MD; RPh	√	√	√	
CPO	RPh	√	√		
CPOC	RPh	√	√		
DT	Police Officer	√	√		
DW	DVM	√	√	√	
EMS	DO; MD	√	√	√	
EMSS	DO; MD	√	√	√	
FA	DO; MD	√	√	√	
FAC	DO; MD	√	√	√	
HHCA	DO; MD	√	√	√	
HSP	DO; MD	√	√	√	
LR	Chemist; DO; Management; MD; PhD	√	√		
MANP	Management	√	√		
MCL	DO; MD; RPh	√	√	√	
NHDS	DO; MD	√	√	√	
NRP	RPh	√	√		
ORCS	Management	√	√		
PDC	Management	√	√	√	
PHYC	DO; MD	√	√	√	
PHYT	DO; MD	√	√	√	
RSOX	DO; Management; MD	√	√		
SEMS	DO; MD	√	√	√	
STF	DO; MD; RPh	√	√	√	
TI	DDS; DO/MD (Injecting); Head of Program; RN	√	√	√	

Information for Limited Terminal Distributors and E.M.S. Organizations

In order to expedite the submissions needed for your limited license and your 2014 renewal process, we are pleased to announce an online solution. Please access the State Board of Pharmacy website at <http://pharmacy.ohio.gov>:

STEP #1: Along the left-hand side select the option of "TERMINAL DISTRIBUTOR (TDDD) LICENSES".

STEP #2: Under "Forms & Applications" select "Limited License Submissions".

STEP #3a: To enter a **DRUG LIST**- Enter requested information and click on the SUBMIT button.

- Your TDDD License Number
- Your Email Address(s)

NOTE: If you are a **retail supplier of oxygen, manufacturer gas holder (i.e. nitrogen holder), nitrous oxide holder, or consulting pharmacy with no medication on site** the applicable form is provided on the website for you to print, fill out and upload in this section.

NOTE: If you are completing more than one step (Steps 3b, 3c, and/or 3d), your TDDD License Number and your Email Address(s) will carry forward for each step after the SUBMIT button is clicked on.

NOTE: An email confirmation will be sent to the address(s) provided once your drug list has been approved.

- For Document Type click on down arrow and choose "Drug List".
- Click on the BROWSE button to upload your FULL, NOTARIZED drug list in **PDF format**. You may ONLY upload **ONE** file- if you have more than one file you must combine into one file to upload. The system is designed to REPLACE your most current submissions once uploaded and approved/reviewed.

NOTE: Each time you revise your drug list you must upload your **ENTIRE** list. Previous versions of your drug list will not be displayed on the website; they will be replaced with your most current submissions once approved.

NOTE: Drug lists need only contain medication name and strength/concentration, NDC #s are no longer a requirement.

NOTE: When applicable, drug lists not signed by your responsible Medical Director and Notarized will be denied.

STEP #3b: To enter an **AUTHORIZED PERSONNEL** list- Enter requested information and click on the SUBMIT button.

- Your TDDD License Number
- Your Email Address(s)

NOTE: An email confirmation will be sent to the address(s) provided once your Approved Personnel list has been reviewed for completeness.

- For Document Type click on down arrow and choose "Authorized Personnel".
- Click on the BROWSE button to upload your Authorized Personnel list in **PDF format**. You may **ONLY** upload **ONE** file- if you have more than one file you must combine into one file to upload. The system is designed to **REPLACE** your most current submissions once uploaded and approved/reviewed.

NOTE: Each time you revise your Approved Personnel list you must upload your **ENTIRE** document. Previous versions will not be displayed on the website; they will be replaced with your most current submissions once reviewed.

STEP #3c: To enter **PROTOCOLS/STANDING ORDERS**- Enter requested information and click on the SUBMIT button.

- Your TDDD License Number
- Your Email Address(s)

NOTE: An email confirmation will be sent to the address(s) provided once your Protocols have been reviewed for completeness.

- For Document Type click on down arrow and choose "Protocols".
- Click on the BROWSE button to upload your FULL, NOTARIZED protocols/standing orders in **PDF format**. You may **ONLY** upload **ONE** file- if you have more than one file you must combine into one file to upload. The system is designed to **REPLACE** your most current submissions once uploaded and approved/reviewed.

NOTE: Each time you revise your protocol/standing order you must upload your **ENTIRE** document. Previous versions will be replaced with your most current submissions once reviewed.

NOTE: When applicable, protocols not signed by your responsible Medical Director and Notarized will be denied.

STEP #3d: If you are entering a **CHANGE OF MEDICAL DIRECTOR ONLY** (NOT Responsible person, change of Responsible Person must be completed on renewal application or on the change of responsible person form (#0603) and MAILED)- Enter requested information and click on the SUBMIT button.

- Your TDDD License Number
- Your Email Address(s)

NOTE: An email confirmation will be sent to the address(s) provided once your Change of Medical Director has been reviewed for completeness.

- For Document Type click on down arrow and choose "Change Medical Director".
- Click on the BROWSE button to upload your NOTARIZED notification in **PDF format**. You may **ONLY** upload **ONE** file- if you have more than one file you must combine into one file to upload. The system is designed to REPLACE your most current submissions once uploaded and approved/reviewed.

NOTE: Notifications not signed by your responsible Medical Director and Notarized will be denied.

STEP #4: Validate that you have received the message below the SUBMIT button stating your upload has been successful (*Your file upload is successful.*) after Steps 3a, 3b, 3c and/or 3d.

Once submitted, the Licensing Administrator will review your submissions and notify you via email of approval and posting *OR* denial and additional actions needed. Typical turn around time expected is 7-10 business days.

We will NO LONGER mail you a paper copy of your drug addendum list. All pharmacies or drug distributors will be able to access your Drug list and Approved Personnel list with your TDDD # by also accessing the State Board of Pharmacy website at <http://pharmacy.ohio.gov>:

STEP #1: Along the left-hand side select the option of "TERMINAL DISTRIBUTOR (TDDD) LICENSES".

STEP #2: Under "Forms & Applications" select "Limited License Drug List Lookup".

STEP #3: Enter Requested Information and click on the SUBMIT button.

- TDDD License Number

STEP #4: Double click on file to open.

NOTE: This is an additional tool/convenience provided; it does not replace your requirement to show proof of your authorization to be in control of the medications. Therefore, please print and carry your list with you as you do today.