



### Change of Responsible Person Form

This form must be submitted in the [eLicense system](#). A [guidance document](#) for submitting the form can be accessed [here](#).

**IMPORTANT:** Ohio rules require any change of responsible person to be reported within **ten days** of the effective date of the appointment of the new responsible person.

For all category III licenses, a complete controlled substance inventory must be taken by the new responsible person.

This signed form must be submitted to the Board to meet the notification requirements in administrative rule.

#### PART 1 - LICENSEE INFORMATION

<b>Name as it Appears on License</b>		<b>License No.</b>	
<b>Street Address, City, State &amp; Zip Code</b>		<b>Check box if additional EMS Satellite or Contingency Stock (PSCS) locations apply. List TDDD#(s) and names on separate sheet and include with this form.</b>	
<b>Area Code / Phone #</b>		<b>Area Code / Fax #</b>	
<b>E-mail Address:</b>		<b>Effective Date of Change of Responsible Person</b>	
<b>First Name of New Responsible Person</b>		<b>Last Name of New Responsible Person</b>	



**PART 2 - RESPONSIBLE PERSON LEGAL AND DISCIPLINARY QUESTIONS** - Answering incorrectly could be a violation of Ohio law, see ORC 4729.57, 4729.56 and 2921.13.

For more information on the required qualifications of the responsible person, visit:  
[www.pharmacy.ohio.gov/rp](http://www.pharmacy.ohio.gov/rp)

For more information on answering the legal/disciplinary questions, visit:  
[www.pharmacy.ohio.gov/legalquestions](http://www.pharmacy.ohio.gov/legalquestions)

**\*\*If the answer to any of the following questions is yes, include the person’s title, duties, and responsibilities, a detailed account (including date, place, circumstances, and disposition of the matter), and copies of relevant documents (such as court pleadings or orders, or other agency orders/dispositions)\*\***

**2a. Has the RESPONSIBLE PERSON been charged with and/or convicted of two or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge – such 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 – was ultimately reduced or plead to a different offense other than the original charge?**

**Yes                  No**

**2b. Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).**

**Yes                  No**

**2c. Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?**

**Yes                  No**

**2d. Within the past 10 years, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section [2913.01](#) of the Ohio Revised Code?**

**Yes                      No**

**2e. Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?**

**Yes                      No**

**2f. Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section [4776.10](#) of the Ohio Revised Code?**

**Yes                      No**

**2g. Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?**

**Yes                      No**

**2h. 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**

**2i. Has the RESPONSIBLE PERSON ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?**

**Yes                      No**

**2j. Has the RESPONSIBLE PERSON ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the responsible person's license or registration?**

**Yes**

**No**

**2k. Has the RESPONSIBLE PERSON ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the responsible person's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?**

**Yes**

**No**

**PART 3 - STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS**

Statement must be signed (**wet ink – NO COPIES**) and dated by the individual who will be responsible for the supervision and control of the dangerous drugs and drug records at this location (i.e. the Responsible Person).

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT THIS FORM IS **TRUE, CORRECT, AND COMPLETE**. I HEREBY AGREE TO AND DO 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.

<b>SIGNATURE of Responsible Person</b>	<b>Date Signed</b>	<b>PRINT OR TYPE FULL NAME</b>
Phone (including area code)	E-mail Address	
Date of Birth	Social Security Number	

**Qualifications of Responsible Person**

**RPh License Number:**

**MD/DO License Number:**

**DVM License Number:**

**DDS License Number:**

**DPM License Number:**

**RN/LPN License Number:**

**AP RN License Number:**

**PhD / Chemist Title:**

**Other Title:**