Change of Designated Representative Form

Updated 1/7/2025

Rule 4729:11-2-02 of the Ohio Administrative Code requires any change of designated representative to be reported within **ten days** of the effective date of the appointment of the new designated representative.

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

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Columbus, OH 43215 U.S.A.

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988 SUICIDE & CRISIS LIFELINE Ohio

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

Change of Designated Representative Form

Instructions: *This form must be submitted in the eLicense system under the additional documentation section. Instructions for submitting additional documentation in eLicense can be accessed here.*

PART 1 – LICENSEE or REGISTRANT INFORMATION

Name as it Appears on License/Registration	**License No.**
Area Code / Phone #	**Area Code / Fax #**
E-mail Address:	**Effective Date of Change of Designated Representative**
First Name of New Designated Representative	**Last Name of New Designated Representative**

PART 2 – DESIGNATED REPRESENTATIVE LEGAL AND DISCIPLINARY QUESTIONS

Answering incorrectly could be a violation of Ohio law; see ORC 4752.09 and 2921.13.

For more information on answering the legal/disciplinary questions, visit:
www.pharmacy.ohio.gov/legalquestions

****If the answer to any of the following questions is yes, include 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 DESIGNATED REPRESENTATIVE been denied the right to work in any facility by the State of Ohio Board of Pharmacy as part of an official board order? ☐ **Yes** ☐ **No**
2b. Has the DESIGNATED REPRESENTATIVE been denied the right to work in a facility by another professional licensing agency as part of an official order of that agency? ☐ **Yes** ☐ **No**
2c. Within the past 10 years, has the DESIGNATED REPRESENTATIVE 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**

2d. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, any other felony under state or federal law?

☐ **Yes** ☐ **No**

2e. Has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for a misdemeanor related to, or committed in, the person's provision of HME services, regardless of the jurisdiction in which the act was committed?

☐ **Yes** ☐ **No**

2f. Has the DESIGNATED REPRESENTATIVE been disciplined by the State of Ohio Board of Pharmacy pursuant to Chapter 4729. of the Revised Code, except for a disciplinary action related to the failure to timely obtain continuing education required pursuant to agency 4729. of the Administrative Code?

☐ **Yes** ☐ **No**

2g. Has the DESIGNATED REPRESENTATIVE 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**

2h. Has the DESIGNATED REPRESENTATIVE been subject to a disciplinary action that resulted in the suspension, probation, surrender or revocation of the person's license, registration, certification or accreditation by an accrediting agency or a licensing or certification agency of any state or jurisdiction?

☐ **Yes** ☐ **No**

2i. Has the DESIGNATED REPRESENTATIVE been subject to a disciplinary action that was based, in whole or in part, on the person's provision of home medical equipment services by an accrediting agency or a licensing or certification agency of any state or jurisdiction?

☐ **Yes** ☐ **No**

2j. Has the DESIGNATED REPRESENTATIVE 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**

2k. Has the DESIGNATED REPRESENTATIVE 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**

PART 3 - STATEMENT OF DESIGNATED REPRESENTATIVE

Statement must be signed (digital or wet ink signature is acceptable) and dated by the individual who will be responsible at this location (i.e. the Designated Representative).

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. and 4752. 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., 4729., and 4752. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.		
Signature of Designated Representative	**Date Signed**	**PRINT OR TYPE FULL NAME**
Phone (including area code)	E-mail Address	
Date of Birth	Social Security Number	

This form must be submitted in the eLicense system under the additional documentation section. Instructions for submitting additional documentation in eLicense can be accessed here.