



Terminal Distributor - OARRS Exemption Request

To be completed by the Responsible Person of a terminal distributor of dangerous drugs. Submission of this form replaces all prior requests for exemptions from reporting to OARRS. Wholesalers and other drugs distributors can access a similar request form here. NOTE: If you are a veterinarian, you are already exempted from OARRS and do not need to fill out this form.

The form must be signed (wet ink), scanned and submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select "OARRS Exemption" as the document type. Please allow up to two weeks to process a request.

Form with fields: Name of Terminal Distributor, Ohio TDDD License No. (beginning with 02), Street Address, City, State, Zip, Drug Enforcement Administration Registration No. (enter N/A if not applicable), Fax No., Contact E-mail, Telephone No.

Reporting Exemption Request Type - Read ALL options before selecting any/all that apply.

Form with two options for reporting exemption request type, including a list of days (Sunday through Saturday) and a note: NOTE: If you select this option, an exemption will only be granted for the days selected.



	Pharmacy does NOT dispense ANY controlled substances, gabapentin or <a href="#">naltrexone</a> to outpatients.
	<b>Prescribers only:</b> I only personally furnish methadone or buprenorphine for treating addiction or dependence. <b>NOTE:</b> Methadone or buprenorphine that is personally furnished and used to treat conditions other than addiction must be reported.
	<b>Pharmacies located outside Ohio (Non-resident pharmacies) only:</b> The licensee does NOT dispense or ship ANY controlled substances, gabapentin or <a href="#">naltrexone</a> to Ohio outpatients.
	<p><b>Pharmacies only:</b> I am not conducting any of the following:</p> <ul style="list-style-type: none"> <li>▪ Transfers to other pharmacies or prescriber offices (under the same common ownership) of controlled substances or products containing gabapentin.</li> <li>▪ Occasional wholesale sales to other pharmacies or prescriber offices of controlled substances or products containing gabapentin.</li> </ul> <p><b>NOTE: If you select this option, an exemption will only be granted for the reporting of wholesale sales to OARRS.</b></p>

<p>I HEREBY REQUEST THE OHIO BOARD OF PHARMACY TO GRANT AN EXEMPTION FROM HAVING TO SUBMIT A ZERO REPORT FOR THE PURPOSES OF COMPLIANCE WITH RULE 4729:8-3-04 OF THE ADMINISTRATIVE CODE.</p> <p>I ACKNOWLEDGE THAT ANY EXEMPTION GRANTED BY THE BOARD WILL NO LONGER BE VALID IF THE ENTITY LISTED IN THIS FORM NO LONGER QUALIFIES FOR THE EXEMPTION AS REQUESTED.</p> <p>I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM IS <b>TRUE, CORRECT, AND COMPLETE.</b></p>		
<p><b>Responsible Person Signature</b></p>	<p><b>Date</b></p>	<p><b>Printed Name</b></p>

***Attestation must be signed by Responsible Person in wet ink.***