



**Temporary Authority Request Form**

Pursuant to Rule [3796:3-05](#) of the Ohio Administrative Code, when a change of designated representative is impracticable due to such events as death, incapacity, or termination, the State Board of Pharmacy requires: (1) Immediate notification requesting a temporary certificate of authority. This form must be completed, scanned and submitted to [MMCP@pharmacy.ohio.gov](mailto:MMCP@pharmacy.ohio.gov)

Instructions:

1. Complete Form
2. Print, Sign and Scan
3. E-mail completed form to [MMCP@pharmacy.ohio.gov](mailto:MMCP@pharmacy.ohio.gov)

<b>Section A – Licensee Information</b>			
<b>A-1. Name of Dispensary</b>		<b>A-2. Dispensary No.</b>	
<b>A-3. Address</b>		<b>A-4. City</b>	
<b>A-5. State</b>	<b>A-6. Zip Code</b>		<b>A-7. Phone Number</b>
<b>A-6. Name of Former Designated Representative</b>			<b>A-7. Employee License No.</b>
<b>A-8. Reason for Request:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Termination of Former Designated Representative</li> <li><input type="checkbox"/> Death of Former Designated Representative</li> <li><input type="checkbox"/> Former Designated Representative is incapacitated</li> </ul>			
<b>A-9. Name of Interim Designated Representative</b>			<b>A-10. Employee License No.</b>
<b>A-11. Email Address of Interim Designated Representative</b>			



<b>Part B – Designated Representative Legal and Disciplinary Questions</b>		
<b>To be completed by the interim designated representative (DR) of the dispensary.</b>		
	<b>YES</b>	<b>NO</b>
<b>B-1. Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-2. Has the individual 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 individual's license or registration?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-3. Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant'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?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-4. By checking "Yes," this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-5. Has the individual been the subject of an action resulting in sanctions, disciplinary actions, or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-6. Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-7. Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-8. Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-9. Has this individual ever been convicted of, or are charges pending for, a disqualifying offense? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-10. Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?</b>	<input type="checkbox"/>	<input type="checkbox"/>



### Ohio Medical Marijuana Control Program



B-11. Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?	<input type="checkbox"/>	<input type="checkbox"/>
B-12. Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body?	<input type="checkbox"/>	<input type="checkbox"/>
B-13. Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?	<input type="checkbox"/>	<input type="checkbox"/>
B-14. Has the individual 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 individual's license or registration?	<input type="checkbox"/>	<input type="checkbox"/>
B-15. Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant'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?	<input type="checkbox"/>	<input type="checkbox"/>
B-16. Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/>	<input type="checkbox"/>
B-17. Has the individual been the subject to a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/>	<input type="checkbox"/>
B-18. Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?	<input type="checkbox"/>	<input type="checkbox"/>
B-19. Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?	<input type="checkbox"/>	<input type="checkbox"/>



## Ohio Medical Marijuana Control Program



**If yes to any question above, provide the following:**

Name of Case	Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Name and Address of the Administrative Agency Involved	Jurisdictional Court (Specify Federal, State and/or local Jurisdictions)

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the Employee identified in Part 1 of this form ("Employee") and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee 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., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

<b>Signature of Interim Designated Representative</b>	<b>Date Signed</b>
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