



## Permission to Destroy Controlled Substances Request Form

Please complete the following and upload to

<http://www.pharmacy.ohio.gov/licensing/GeneralDocumentUpload.aspx>

*See last page of this form for complete upload instructions.*

Date:

### Facility Information:

Facility Name:	TDDD License No:	
Street Address:	City:	Zip Code:

### Responsible Person:

Name of Responsible Person (RP):	RP License Number:
RP E-Mail Address:	RP Contact Phone Number:

### Responsible Person's Designee (ONLY complete if responsible person is not planning or cannot conduct drug destruction)

Name of Responsible Person's Designee:	Designee's License Number:
Reason for Selecting a Designee:	



## Second Health Care Professional Witnessing the Destruction:

Name of 2 <sup>nd</sup> Health Care Professional:	License Number:
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### Type of Request (Select Only One)

#### One Year Drug Destruction Authorization

*This drug destruction authorization is for use with the following facilities:*

- Hospitals Pharmacies
- Inpatient Hospice Pharmacies
- Retail Chain Pharmacies
- Mail-order Pharmacies
- Fluid Therapy Pharmacies
- Pharmacies Servicing Nursing Homes

#### One Time Controlled Substance Drug Destruction Authorization

*This drug destruction authorization is for use with the following types of out-patient pharmacies and non-pharmacy facilities:*

- Retail Pharmacies (independent & chain)
- Specialty Pharmacies
- Home Infusion Pharmacies
- Other out-patient pharmacy locations
- Clinics
- Surgery Centers
- Emergency Medical Services
- Laboratories
- Justice Centers
- Other TDDD locations

#### One Year Long Term Care Facilities Ultimate User/Patient Owned Controlled Substance Drug Destruction Authorization

*This applies to long term care facility provider's that want to destroy ultimate user/patient owned controlled substances on-site or are DEA registrants that have become authorized controlled substance collectors and want to be approved to dispose of medications via the DEA Disposal of Controlled Substances Final Rule.*

#### One Year Correctional Facilities Ultimate User/Patient Owned Controlled Substance Drug Destruction Authorization

*This drug destruction authorization is for use by pharmacies that service correctional facilities that want to destroy ultimate user/patient owned controlled substances on-site.*

**Controlled Substances that Will Be Destroyed:**

<b>Name of Drug</b>	<b>Strength</b>	<b>Approximate Quantity</b>

(Attached Separate Sheet If Necessary)

**Proposed Method of Destruction:**

Please provide the method of destruction used by this facility. Dangerous drugs that are controlled substances must be destroyed in accordance with federal laws and regulations. These regulations require dangerous drugs that are controlled substances to be rendered "non-retrievable" in compliance with all applicable Federal, State, tribal and local laws, in order to deter their theft or diversion.

**SIGNED STATEMENT BY RESPONSIBLE PERSON:**

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT I AM AUTHORIZED TO PURSUE THIS REQUEST ON BEHALF OF THE ENTITY LISTED IN THIS APPLICATION AND THAT THIS REQUEST IS TRUE, CORRECT, AND COMPLETE.

<b>SIGNATURE of Responsible Person</b>	<b>Date Signed</b>	<b>PRINT OR TYPE NAME</b>
<b>Facility TDDD License No.</b>		

**Submission Instructions**

**Please complete the following and upload to  
<http://www.pharmacy.ohio.gov/licensing/GeneralDocumentUpload.aspx>**

- Step 1:** Enter the compounding pharmacy’s TDDD License Number.
- Step 2:** Select Drug Destruction Request Form.
- Step 3:** Enter an e-mail address or multiple addresses. The status of your request will be sent to the address(es) provided.
- Step 4:** Select your type of request (see Page 2 of this form).
- Step 5:** Upload your request in a .PDF format (If attachments as used, please submit as a single file.)

*You will receive the status of your request by e-mail within 7-14 days.*