

OHIO STATE BOARD OF PHARMACY  
77 S. High Street, 17th Floor, Columbus, Ohio 43268-0320; 614/468-4143

Read ENCLOSED INSTRUCTIONS carefully before completing this application.  
Make check/money order payable to "Treasurer, State of Ohio".

- PLEASE PRINT OR TYPE -

THIS FORM MUST BE COMPLETED AND RETURNED WITH:

- Form PHA-0801 for Terminal Distributors of Dangerous Drugs OR
- Form PHA-0802 for Wholesale Distributors of Dangerous Drugs OR
- Forms PHA-0802 and PHA-0700 for Wholesalers/Manufacturers of Controlled Substances

## APPLICATION FOR REGISTRATION AS A DISTRIBUTOR OF DANGEROUS DRUGS (FORM PHA-0600)

### 1. LICENSE REQUEST FOR: → MUST BE COMPLETED ←

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE	Proposed Opening Date or Date of Change: August 1, 2006	Change Of: <input type="checkbox"/> Address <input type="checkbox"/> Owner <input type="checkbox"/> Name <input type="checkbox"/> Category <input type="checkbox"/> Other—please state here:	If Change, give current Distributor License No.:
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### 2. LOCATION BEING LICENSED:

Name under which the applicant will be doing business Planned Parenthood of Greater Cleveland - Solon	County Cuyahoga	
Number and street address (DO NOT USE P.O. BOX NUMBER) 33790 Bainbridge Rd Suite 102	City, State Solon, OH	Zip Code 44139

### 3. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER: (Attach separate sheet if necessary)

### 4. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS:

Name Teri Miller MSN, CNP	Title UP Health Services/operation	Area Code/Phone Number 216-961-8804 x214
Address 3500 Lorain Ave #400	City, State Clev OH	Zip Code 44113

### 5. NAME OF BUSINESS SERVICING ENTITY LISTED IN 2 ABOVE: (If applicable for contingency stock)

Name as listed on its Terminal Distributor license	Terminal Distributor License No.
--	----------------------------------

### 6a. APPLICANT INTENDS DOING BUSINESS AS: (Check ONE):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Agency
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### 6b. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS: (Attach separate sheet, if necessary)

Name Lynn Wood	Title President	
Name Tara Broderick	Title CEO	

### 6c. NAME OF GOVERNMENT AGENCY: (If applicable)

### 7. TYPE OF CORPORATION, IF INCORPORATED: → COPY OF CORPORATION PAPERS MUST ACCOMPANY THIS APPLICATION ←

<input type="checkbox"/> General (ORC Ch 1701)	<input checked="" type="checkbox"/> Non-Profit (ORC Ch 1702)	<input type="checkbox"/> Limited Liability (ORC Ch 1706)	<input type="checkbox"/> Medical Care (ORC Ch 1737)	<input type="checkbox"/> Health Care (ORC Ch 1738)	<input type="checkbox"/> Dental Care (ORC Ch 1740)	<input type="checkbox"/> Professional Assoc. (ORC Ch 1789)
State Where Incorporated		Charter Number				

### 8a. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS: (If different than name and location being licensed)

Name Planned Parenthood of Greater Cleveland	Area Code/Phone Number 216-961-8804	Ext.
Address 3500 Lorain Ave #400	City, State, Zip Code Clev OH 44113	

### 8b. PREVIOUS TRADE, CORPORATE, OR PARTNERSHIP NAMES & ADDRESSES, IF ANY: (Attach separate sheet if necessary)

### 9. STATEMENT OF APPLICANT:

I DECLARE under penalties of Section 2921.13 of the Ohio Revised Code, that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application.

SIGNATURE of Applicant

PRINT NAME

DOB/SSN

Date

Title

Area Code/Phone Number

Ext.

No license or registration may be issued unless a completed application form (including fee & any required documents) has been received. (Sections 4729.52 and 4729.54 ORC)





## OHIO STATE BOARD OF PHARMACY

77 S. High Street, 17th Floor; Columbus, Ohio 43266-0320; 614/466-4143

APPLICATION FOR REGISTRATION AS A  
TERMINAL DISTRIBUTOR (FORM PHA-0601)

See ENCLOSED INSTRUCTIONS for aid in properly completing this application.

-- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

## 1. CATEGORY OF LICENSE: (Check Only ONE)

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code, as follows: ☐ Category I ☐ Limited Category I ☒ Category II ☐ Limited Category II ☐ Category III ☐ Limited Category III

## 2. TYPE OF ESTABLISHMENT BEING LICENSED:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Retail Pharmacy   | <input type="checkbox"/> Convalescent-Rest-Nursing Home                | <input type="checkbox"/> Correctional Institution                                | <input type="checkbox"/> Pharmacy That Services Other Institutions Only |
| <input type="checkbox"/> Dog Warden/Animal Euthanasia                                    | <input type="checkbox"/> Dog Pound/Animal Shelter                      | <input type="checkbox"/> Veterinary Facility                                     | <input type="checkbox"/> Dog Trainer                                    |
| <input type="checkbox"/> Specialty Pharmacy  | <input type="checkbox"/> Home Health Care Agency                       | <input type="checkbox"/> HMO Pharmacy  | <input type="checkbox"/> Fluid Therapy Pharmacy/HHC                     |
| <input type="checkbox"/> Emergency Medical Services                                      | <input type="checkbox"/> Hospice-Inpatient                             | <input type="checkbox"/> Private Practitioner                                    | <input type="checkbox"/> Employee Script Fill Only                      |
| <input type="checkbox"/> Corporate Headquarters  | <input type="checkbox"/> Hospice-Outpatient                            | <input type="checkbox"/> DME Pharmacy  | <input type="checkbox"/> Nuclear Pharmacy                               |
| <input type="checkbox"/> Practitioner Corporation  | <input type="checkbox"/> Clinic  | <input type="checkbox"/> Teaching Institution                                    | <input type="checkbox"/> Waste Disposal Only                            |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> First Aid Room/Dispensary/Occupational Health | <input type="checkbox"/> Physical Therapy Facility                               | <input type="checkbox"/> Manufacturer-Process Use                       |
| <input type="checkbox"/> Mail Order Pharmacy   | <input type="checkbox"/> Laboratory/Research                           | <input type="checkbox"/> Sports Training Facility                                | <input type="checkbox"/> Food Processor-Nitrous Oxide                   |
| <input type="checkbox"/> Non-Territorial Pharmacy  | <input type="checkbox"/> Mobile Pharmacy                               | <input type="checkbox"/> Reseller of Medicinal Oxygen                            |   |
| <input type="checkbox"/> Pharmacy Servicing Other Institution/Contingency Stock Location |  | <input type="checkbox"/> Reseller of Medicinal Oxygen/Contingency Stock Location |   |

☒ Other: (describe type of business conducted) Planned Parenthood

## 3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: (Give Identification Number(s))

02-0255750 / 02-0627850 / 02-0400300 / 02-0255050 / 02-1281150

## 4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

☒ NO ☐ YES (If yes, give reason and detailed explanation on separate sheet)

## 5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:

Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☒ NO ☐ YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

## 6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

SIGNATURE of Responsible Person:

DATE of Signature

PRINT NAME:

QUALIFICATIONS:

☒ M.D. License No.:35.0443916☐ D.O. License No.:☐ R.Ph. License No.:☐ D.V.M. License No.:☐ D.D.S. License No.:☐ D.P.M. License No.:☐ Ph.D./Chemist - Laboratories Only Title:

Social Sec. No.:

☐ Other:

Title:

Prof. License No.:

(if applicable)







STATE OF OHIO  
DEPARTMENT OF TAXATION  
SALES AND USE TAX  
UNIT EXEMPTION CERTIFICATE

The purchaser hereby claims exception or exemption on the purchase of tangible personal property and selected services made under this certificate from:

\_\_\_\_\_  
(vendor's name)

and certifies that this claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon:

Comprehensive, Reproductive and Complementary Health Care  
Services

501 (C) (3) of the IRS

**PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION.**

Planned Parenthood of Greater Cleveland  
Purchaser's Name

33790 Bainbridge Rd  
Street Address

Solon, OH 44139  
City State Zip

Signature and Title Cheif Executive Officer

May 31, 2006  
Date Signed

34-0714686  
Vendor's License Number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.





3500 LORAIN AVENUE  
SUITE 400  
CLEVELAND, OH 44113-3704  
TELEPHONE: (216) 961-8804  
FAX (216) 334-2211

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*President*

MARTHA S. HARDING  
*Vice President*

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*Chief Executive Officer*

LASZLO SOGOR, M.D., PhD  
*Medical Director*

ISAAC SCHULZ

*Legal Counsel*

THE REVEREND MARTHA SHIVERICK  
*Chaplain*



HELPING WOMEN  
LEAD HEALTHIER LIVES

## MISSION

Planned Parenthood of Greater Cleveland's (PPGC) mission is to strengthen our community by preventing unintended pregnancy and empowering individuals with knowledge, opportunity, and freedom to make private decisions about reproductive health.

## PROGRAMS

For over 75 years, Planned Parenthood of Greater Cleveland (PPGC) has encouraged women to take control of their health. Today, PPGC serves over 30,000 clients a year through a three-pronged approach of health care, education, and advocacy.

## HEALTH SERVICES

PPGC provides a broad range of top-quality health services in a safe and supportive environment. PPGC promotes the prevention of disease and unintended pregnancy through reproductive health care services such as complete gynecological exams, birth control, emergency contraception, pregnancy testing, first-trimester abortion, HIV testing and education, STD testing and treatment, menopausal services, blood pressure and cholesterol screening, and colposcopy and cryotherapy for early cancer screening and treatment of pre-malignant conditions.

Confidential health care services are delivered by licensed physicians, certified nurse practitioners, certified nurse midwives, and a staff trained in reproductive health care. PPGC maintains five health centers, located in Old Brooklyn, East Cleveland, Bedford, Rocky River, and in Cleveland's Buckeye-Shaker neighborhood.

PPGC also offers services at community sites throughout Greater Cleveland to serve those who fall through the cracks of the health care system. The Roving HOPE program brings reproductive health care services to women and men at area domestic violence shelters, welfare-to-work programs, YWCAs, and community organizations.

PPGC centers are committed to providing services at the lowest possible cost and to ensuring that financial concerns are not a barrier to necessary health care. PPGC offer services on a sliding scale. Planned Parenthood health centers accept private insurance, provide care to Medicaid recipients, and participate in local managed health care programs.

Planned Parenthood health centers offer a wide range of services that include:

- family planning counseling
- birth control
- pregnancy testing and education option session
- gynecological care, Pap tests, breast exams
- emergency contraception
- HIV testing and counseling
- medically accurate sexuality education
- screening and treatment for sexually transmitted infections
- voluntary sterilization for women and men
- safer sex education
- midlife services
- abortion services
- adoption referrals
- referrals for specialized care







# OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126

-Equal Opportunity Employer and Service Provider-

PHONE: 614/466-4143

FAX: 614/752-4836

E-MAIL: [exec@bop.state.oh.us](mailto:exec@bop.state.oh.us)

TTY/TDD: Use Ohio Relay Service: 1-800/750-0750

URL: <http://www.state.oh.us/pharmacy/>

8/14/2006

PLANNED PARENTHOOD OF  
LASZLO SOGOR  
GREATER CLEVELAND - SOLON  
33790 BAINBRIDGE ROAD, SUITE 102  
SOLON, OH 44139

Dear Responsible Person:

The application recently submitted to the Ohio State Board of Pharmacy for licensure was processed this date. The processed license has been forwarded to your area specialist/agent.

When you receive this letter, you are to contact **Joann Predina** at **216-642-1155** to receive your license.

Your specialist/agent is best reached in the morning or evening hours. If you are having difficulty contacting your area specialist/agent, please contact our office at 614/466-4143 and ask for Laurie Sturtz.

Sincerely,

Sharon A. Prentice  
Dangerous Drugs Coordinator





# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TERM DISTR DDD#: 02-1621400 NAME: PLANNED PARENTHOOD OF R.P.: LASZLO SOGOR MD ADDR: GREATER CLEVELAND - SOLON 33790 BAINBRIDGE RD., SUITE 102 SOLON, OH 44139		CLINIC (NEW) <span style="color: red; font-weight: bold;">M</span>		AREA CODE / TELEPHONE NUMBER 216 961 8804 <span style="color: blue;">x112</span>		TIME IN A.M. P.M.		TIME OUT A.M. P.M.			
CAT: TWO CNTY: CUYAHOGA CO. (18)-JP 08/11/06				CLASS: 09 SP		TYPE 09		FED.# EXP. DATE			
HOURS OPEN				(DAILY)		(SAT.)		(SUN. & HOLIDAYS)			
RESPONSIBLE PERSON <span style="color: blue; font-family: cursive;">Laszlo Sogor MD</span>				TITLE/I.D. NO.		INIT. USED					
PERSONNEL <span style="color: blue;">TERI MILLER MSN, CNP</span>			INIT. USED			TITLE/I.D. NO.			PERSONNEL <span style="color: blue;">UP Health Services / operations</span>		
									OHIO PHARMACY BOARD <span style="color: blue; font-weight: bold;">SEP 25 2006</span>		

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONEDSCHIIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

License mailed to Mr Miller % Hq 3500 Lorain #400 Clear 44113  
 - No controlled substances are anticipated to be used on site.  
 Birth Control pills and limited ASX will be stored +  
 supplied to patients by R.A.N.'s.  
 If a patient from office A goes to office B to pick up a  
 supply of Birth Control pills, and the original order + prescriber  
 is at office A, then the R.A.N. at office B must  
 create a prescriber/patient relationship in order to  
 provide Birth Control (or any prescription drug) to the  
 patient from office B.

☐ PINK SHEET ISSUED FOR NUMBER(S): \_\_\_\_\_

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

216-642-1155





## OHIO STATE BOARD OF PHARMACY

77 S. High Street, 17th Floor, Columbus, Ohio 43266-0320; 614/466-4143

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- PLEASE PRINT OR TYPE -

THIS FORM MUST BE COMPLETED AND RETURNED WITH:

- Form PHA-0601 for Terminal Distributors of Dangerous Drugs DR
- Form PHA-0602 for Wholesale Distributors of Dangerous Drugs DR
- Forms PHA-0602 and PHA-0700 for Wholesalers/Manufacturers of Controlled Substances

## FOR STATE BOARD OF PHARMACY USE ONLY

Class 09	Category II	L U U	Fee 112.50	License No.
Received 07 JUN 11 AM 9:21				
Control No. 0707385		Amount Rec'd 112.50		Audit No. T14120

## APPLICATION FOR REGISTRATION AS A DISTRIBUTOR OF DANGEROUS DRUGS (FORM PHA-0600)

## 1. LICENSE REQUEST FOR: → MUST BE COMPLETED ←

<input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE	Proposed Opening Date or Date of Change: 7/1/07	Change Of: <input type="checkbox"/> Address <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Name <input type="checkbox"/> Category <input type="checkbox"/> Other—please state here:	If Change, give current Distributor License No.: 02-1621400

## 2. LOCATION BEING LICENSED:

Name under which the applicant will be doing business PLANNED PARENTHOOD OF NORTHEAST OHIO	County Cuyahoga
Number and street address (DO NOT USE P.O. BOX NUMBER) 33790 Bainbridge Rd Suite 101	City, State, Zip Code Solon, OH 44139

## 3. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER: (Attach separate sheet if necessary)

NA
----

## 4. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS:

Name TERI MILLER	Title VP-HEALTH SERVICES	Area Code/Phone Number 216-961-8804
Address 3500 LORAIN AVE. SUITE 400	City, State, Zip Code CLEVELAND, OH 44113	

## 5. NAME OF BUSINESS SERVICING ENTITY LISTED IN 2 ABOVE: (if applicable for contingency stock)

Name as listed on its Terminal Distributor license NA	Terminal Distributor License No.
--	----------------------------------

## 6a. APPLICANT INTENDS DOING BUSINESS AS: (Check ONE):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Agency
--	--------------------------------------	---	--	--

## 6b. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS: (Attach separate sheet, if necessary)

Name TARA BRODERICK	Title CEO	Date of Birth or Soc. S. No. [REDACTED]
Name ROBERTA ABER	Title VP-ORGANIZATIONAL SYSTEMS	Date of Birth or Soc. S. No. [REDACTED]

## 6c. NAME OF GOVERNMENT AGENCY: (if applicable)

NA
----

## 7. TYPE OF CORPORATION, IF INCORPORATED: → COPY OF CORPORATION PAPERS MUST ACCOMPANY THIS APPLICATION ←

<input type="checkbox"/> General (ORC Ch 1701)	<input checked="" type="checkbox"/> Non-Profit (ORC Ch 1702)	<input type="checkbox"/> Limited Liability (ORC Ch 1705)	<input type="checkbox"/> Medical Care (ORC Ch 1737)	<input type="checkbox"/> Health Care (ORC Ch 1738)	<input type="checkbox"/> Dental Care (ORC Ch 1740)	<input type="checkbox"/> Professional Assoc. (ORC Ch 1785)
State Where Incorporated OHIO		Charter Number				

## 8a. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS: (if different than name and location being licensed)

Name NA	Area Code/Phone Number Ext.
Address City, State, Zip Code	

## 8b. PREVIOUS TRADE, CORPORATE, OR PARTNERSHIP NAMES &amp; ADDRESSES, IF ANY: (Attach separate sheet if necessary)

NA
----

## 9. STATEMENT OF APPLICANT:

I DECLARE under penalties of Section 2921.13 of the Ohio Revised Code, that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application.			
SIGNATURE of Applicant Therese Miller	DOB/SSN# [REDACTED]	Date 053107	
PRINT NAME Therese Miller	Title VP Health Services	Area Code/Phone Number 216-961-8804	Ext. 11214

No license or registration may be issued unless a completed application form (including fee & any required documents) has been received. [Sections 4729.52 and 4729.54, ORC]  
PHA-0600 (Rev. 07/96)

White & Yellow pages to Board  
Pink page for applicant records





APPLICATION FOR REGISTRATION AS A  
TERMINAL DISTRIBUTOR (FORM PHA-0601)

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-- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICENSE: (Check Only ONE)

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code, as follows: ☐ Category I ☐ Limited Category I ☒ Category II ☐ Limited Category II ☐ Category III ☐ Limited Category III

2. TYPE OF ESTABLISHMENT BEING LICENSED:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Retail Pharmacy   | <input type="checkbox"/> Convalescent-Res-Nursing Home                 | <input type="checkbox"/> Correctional Institution                                | <input type="checkbox"/> Pharmacy That Services Other Institutions Only |
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| <input type="checkbox"/> Practitioner Corporation  | <input checked="" type="checkbox"/> Clinic                             | <input type="checkbox"/> Teaching Institution                                    | <input type="checkbox"/> Waste Disposal Only                            |
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| <input type="checkbox"/> Mail Order Pharmacy   | <input type="checkbox"/> Laboratory/Research                           | <input type="checkbox"/> Sports Training Facility                                | <input type="checkbox"/> Food Processor-Nitrous Oxide                   |
| <input type="checkbox"/> Non-Territorial Pharmacy  | <input type="checkbox"/> Mobile Pharmacy                               | <input type="checkbox"/> Reseller of Medicinal Oxygen                            |   |
| <input type="checkbox"/> Pharmacy Servicing Other Institution/Contingency Stock Location |  | <input type="checkbox"/> Reseller of Medicinal Oxygen/Contingency Stock Location |   |
| <input type="checkbox"/> Other: (describe type of business conducted) _____              |  |  |   |

3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: [Give Identification Number(s)]

4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

☒ NO ☐ YES (If yes, give reason and detailed explanation on separate sheet)

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☒ NO ☐ YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

SIGNATURE of Responsible Person:

DATE of Signature

PRINT NAME:

QUALIFICATIONS:

☒ M.D. License No.: 35-044596

☐ D.O. License No.: \_\_\_\_\_

☐ R.Ph. License No.: \_\_\_\_\_

☐ D.V.M. License No.: \_\_\_\_\_

☐ D.D.S. License No.: \_\_\_\_\_

☐ D.P.M. License No.: \_\_\_\_\_

☐ Ph.D./Chemist - Laboratories Only Title: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Title: \_\_\_\_\_

Prof. License No.: \_\_\_\_\_

(if applicable)

433651

07 JUN 11 AM 9:24

RECEIVED

ARMY MEDICAL CENTER



# OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126

-Equal Opportunity Employer and Service Provider-

PHONE: 614/466-4143

FAX: 614/752-4836

E-MAIL: [exec@bop.state.oh.us](mailto:exec@bop.state.oh.us)

TTY/TDD: Use Ohio Relay Service: 1-800/750-0750

URL: <http://www.state.oh.us/pharmacy/>

6/12/2007

PLANNED PARENTHOOD OF NORTHEAST OH  
LASZLO SOGOR, MD  
33790 BAINBRIDGE ROAD, STE 101  
SOLON, OH 44139

Dear Responsible Person:

The application recently submitted to the Ohio State Board of Pharmacy for licensure was processed this date. The processed license has been forwarded to your area specialist/agent.

When you receive this letter, you are to contact **Joann Predina** at **216-642-1155** to receive your license.

Your specialist/agent is best reached in the morning or evening hours. If you are having difficulty contacting your area specialist/agent, please contact our office at 614/466-4143 and ask for Laurie Sturtz.

Sincerely,

Sharon A. Prentice  
Dangerous Drugs Coordinator





# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: <u>02-1621400 M</u> NAME: <u>Planned Parenthood of Northeast Ohio</u> R.P.: <u>Chao</u> ADDR: <u>33790 Bainbridge Rd #101</u> <u>Solon, Ohio 44139</u>  CAT: <u>18</u> CNTY: <u>18</u>	AREA CODE / TELEPHONE NUMBER <u>216-961-8804</u> TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED.# EXP. DATE <u>09</u> HOURS (DAILY) (SAT.) (SUN. & HOLIDAYS) OPEN <u>8-5</u> <u>11-5</u> RESPONSIBLE PERSON TITLE/I.D. NO. INIT. USED <u>Dr. Sogorino</u>
--	---

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Dr. Miller</u>		<u>VP-Health Services</u>			

**OHIO PHARMACY BOARD**

**JUL 20 2007**

License mailed to Responsible Person this day.

<ol style="list-style-type: none"> <li>1. LICENSING</li> <li>2. I.D.CARDS</li> <li>3. RECORDSYSTEM</li> <li>4. BARRICADE</li> <li>5. MIN.STANDARDS</li> <li>6. SECURITY</li> <li>7. LIBRARY</li> <li>8. CLEANLINESS</li> <li>9. REFRIGERATION</li> <li>10. ACCOUNTABILITY</li> <li>11. IMPROPERDISPENSING</li> <li>12. INSUFFICIENTSUPERVISION</li> <li>13. INVENTORYRECORDS</li> <li>14. DRUGDESTRUCTION</li> <li>15. ILLEGALSALES</li> <li>16. ILLEGALPURCHASES</li> <li>17. SAMPLES</li> <li>18. NON-REGCOMPOUNDING</li> <li>19. RxBLANKS</li> <li>20. IMPROPERRx'S</li> <li>21. OUTDATEDDRUGS</li> <li>22. DRUGLABELS</li> <li>23. RxINFORMATION</li> <li>24. OTC/SYRINGES</li> <li>25. GENERICMFG.</li> <li>26. RxFILES</li> <li>27. RxCOPIES</li> <li>28. RxINT/DATE</li> <li>29. DEAINVENTORY</li> <li>30. PHONEDSCHIIRx</li> <li>31. REFILLS-6MO/5X</li> <li>32. REFILLS-INT/DATE</li> <li>33. REFILLS-UA</li> <li>34. EMERGENCYKIT</li> <li>35. CONTINGENCYKIT</li> <li>36. NON-REGDISPENSING</li> <li>37. COUNSELING</li> </ol>	<p>The Responsible person is to sign the license and maintain it at the address on the license.</p> <p>All drugs, IV solutions, &amp; irrigations labeled as a prescription item must be secured in a locked cabinet/room that is only accessible by licensed health care professionals. Keep keys in personal possession of authorized personnel only.</p> <p>Records of purchases and drug disposition shall remain on site for three years. (Includes receipts for samples)</p> <p>Before a drug can be administered, a written order specifying drug, strength, quantity, frequency of and duration of treatment must be obtained from a physician for each specific patient.</p> <p>Refer to OAC 4729-5-01 (L) for definitions of "protocol" if required.</p> <p>Health care professional must document administration of drug and quantity, and initial or sign dated entry for each patient. Electronic health records must meet OSBP approvable status for prescribing and administering documentation.</p> <p>Samples belong to the practitioner who signed for them. Each practitioner is responsible for the accountability of his stock</p> <p>Drugs labeled for one patient cannot be administered to another patient.</p> <p>Only a Pharmacist may compound drugs (mixing Dexamethasone with water as a stock solution is compounding)</p> <p><b>NO CONTROLLED SUBSTANCES are permitted at this location.</b></p>
---	---

Comp  
8-7-07  
YAF

☐ PINK SHEET ISSUED FOR NUMBER(S): A routine inspection will follow at a later date.

IF BOX IS CHECKED, **THE DISTRIBUTOR** SHALL CORRECT ITEM(S) INDICATED AND **RETURN THE PINK COPY**, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED.

<u>7-11-07</u> SIGNATURE OF PERSON IN CHARGE	<u>James O. Predina</u> DATE SIGNED	<u>James O. Predina</u> SIGNATURE OF INSPECTOR
---	--	---

11

10-5-8  
HAY



STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126  
 Tel: 614/466-4143 Fax: 614/752-4836 Eml: licensing@bop.state.oh.us Web: www.state.oh.us/pharmacy

# **TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE**

**FORM # 0603**

- ① Complete the form then, by hand, enter your SSN, sign, and date.  
 ② Make a copy for your file. ③ Mail or fax the original to the Board office.

TYPE OR PRINT LEGIBLY

*Any change of responsible person must be reported within 30 days, and an inventory of all controlled substances shall be taken at the time of change with the new responsible person.*

— THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL —

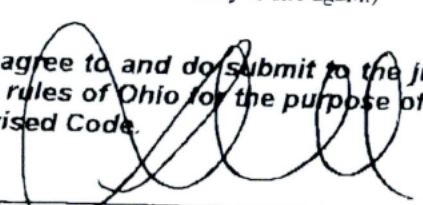
Terminal Distributor Name: <b>PLANNED PARENTHOOD OF NORTHEAST OHIO</b>		License Identification Number: <b>02-1621400</b>
Street Address, City, State, Zip Code: <b>33790 BAINBRIDGE RD, STE. 101, SOLOW, OHIO 44139</b>		
Area Code / Telephone Number: <b>440-349-5998</b>	Area Code / Fax Number: <b>440-394-1564</b>	E-mail Address: (Do NOT return this form by e-mail) <b>s.hirtc@ppneo.org</b>

Section 4729.55(B) of the Revised Code requires that "a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the state board of pharmacy under section 4729.531 of the Revised Code, or a laboratory as defined in section 3719.01 of the Revised Code will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant".

Full Name of New Responsible Person: <b>SARAH K. SMITH</b>		Effective Date: <b>1/1/11</b>
Title: <b>MEDICAL DIRECTOR</b>	Date Of Birth: (mm/dd/yyyy) <b>[REDACTED]</b>	Social Security Number (SSN): <b>[REDACTED]</b>
Professional Licensure: <input type="checkbox"/> RPH <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DDS <input type="checkbox"/> DVM <input type="checkbox"/> OTHER:		Professional License No. (if applicable): <b>35,092297</b>

- ☐ YES ☒ NO Do you, as the person accepting responsibility by signing this form, have charges pending or have you ever had a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?
- ☐ YES ☒ NO Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?
- ☐ YES ☐ NO If YES to either above, has the explanation of charges already been filed with the Board? (If NO to this question, explain in detail; listing names and addresses of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

*I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.61 of the Ohio Revised Code.*

  
SIGNATURE of New Responsible Person

**1/5/11**  
DATE SIGNED





OHIO STATE BOARD OF PHARMACY  
77 S. HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126  
614/466-4143

Read ENCLOSED INSTRUCTIONS carefully before completing this application.  
Make check/money order payable to "Treasurer, State of Ohio".

- PLEASE PRINT OR TYPE -

THIS FORM MUST BE COMPLETED AND RETURNED WITH:

- Form PHA-0601 for Terminal Distributors of Dangerous Drugs OR
- Form PHA-0602 for Wholesale Distributors of Dangerous Drugs OR
- Forms PHA-0602 and PHA-0700 for Wholesalers/Manufacturers of Controlled Substances

## APPLICATION FOR REGISTRATION AS A DISTRIBUTOR OF DANGEROUS DRUGS (FORM PHA-0600)

### 1. LICENSE REQUEST FOR: → MUST BE COMPLETED ←

<input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE	Proposed Opening Date or Date of Change: 9/1/11	Change Of: <input checked="" type="checkbox"/> Address <input type="checkbox"/> Owner <input type="checkbox"/> Name <input type="checkbox"/> Category <input type="checkbox"/> Other-please state here:	If Change, give current Distributor License No.: 021621400-02
--	---	---	--

### 2. LOCATION BEING LICENSED:

Name under which the applicant will be doing business PLANNED PARENTHOOD OF NORTHEAST OHIO	County CUYAHOGA	
Number and street address (DO NOT USE P.O. BOX NUMBER) 25350 ROCKSIDE RD.	City, State BEDFORD HEIGHTS, OHIO	Zip Code 44146

### 3. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER: (Attach separate sheet if necessary)

NA
----

### 4. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS:

Name REGAN CLAWSON	Title VP-HEALTH SERVICES	Area Code/Phone Number 216-961-8804
Address 25350 ROCKSIDE RD, 3RD FLOOR	City, State BEDFORD HEIGHTS, OHIO	Zip Code 44146

### 5. NAME OF BUSINESS SERVICING ENTITY LISTED IN 2 ABOVE: (if applicable for contingency stock)

Name as listed on its Terminal Distributor license NA	Terminal Distributor License No.
--	----------------------------------

### 6a. APPLICANT INTENDS DOING BUSINESS AS: (Check ONE):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Agency
--	--------------------------------------	---	--	--

### 6b. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS: (Attach separate sheet, if necessary)

Name TARA BRODERICK	Title PRESIDENT & CEO	Date of Birth [REDACTED]
Name JIM WALTON	Title VP OF FINANCE & ADMINISTRATION	Date of Birth or Soc. Sec. No. [REDACTED]

### 6c. NAME OF GOVERNMENT AGENCY: (if applicable)

NA
----

### 7. TYPE OF CORPORATION, IF INCORPORATED: → COPY OF CORPORATION PAPERS MUST ACCOMPANY THIS APPLICATION ←

<input type="checkbox"/> General (ORC Ch 1701)	<input checked="" type="checkbox"/> Non-Profit (ORC Ch 1702)	<input type="checkbox"/> Limited Liability (ORC Ch 1705)	<input type="checkbox"/> Medical Care (ORC Ch 1737)	<input type="checkbox"/> Health Care (ORC Ch 1738)	<input type="checkbox"/> Dental Care (ORC Ch 1740)	<input type="checkbox"/> Professional Assoc. (ORC Ch 1785)
State Where Incorporated		Charter Number				

### 8a. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS: (if different than name and location being licensed)

Name NA	Area Code/Phone Number Ext.
Address	City, State, Zip Code

### 8b. PREVIOUS TRADE, CORPORATE, OR PARTNERSHIP NAMES & ADDRESSES, IF ANY: (Attach separate sheet if necessary)

NA
----

### 9. STATEMENT OF APPLICANT:

I DECLARE under penalties of Section 2921.13 of the Ohio Revised Code, that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application.

SIGNATURE of Applicant Susan Hirt	Address [REDACTED]	Date
PRINT NAME SUSAN HIRT	Title DIR. of RISK + QUALITY MGMT	Area Code/Phone Number 330-535-2674

No license or registration may be issued unless a completed application form (including fee & any required documents) has been received. [Sections 4729.52 and 4729.54, ORC]  
PHA-0600 (Rev. 07/96)

FOR STATE BOARD OF PHARMACY USE ONLY			
Class	Category	L U Fee	License No.
			83 77902
Received RECEIVED OHIO BOARD OF PHARMACY			
Control No. 1200575	Amount Rec'd 112.50	Audit No. 017090	





APPLICATION FOR REGISTRATION AS A  
TERMINAL DISTRIBUTOR (FORM PHA-0601)

See ENCLOSED INSTRUCTIONS for aid in properly completing this application.  
-- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICENSE: (Check Only ONE)

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code, as follows: ☐ Category I ☐ Limited Category I ☒ Category II ☐ Limited Category II ☐ Category III ☐ Limited Category III

2. TYPE OF ESTABLISHMENT BEING LICENSED:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Retail Pharmacy   | <input type="checkbox"/> Convalescent-Res/Nursing Home                 | <input type="checkbox"/> Correctional Institution     | <input type="checkbox"/> Pharmacy That Services Other Institutions Only          |
| <input type="checkbox"/> Dog Warden/Animal Euthanasia                                    | <input type="checkbox"/> Dog Pound/Animal Shelter                      | <input type="checkbox"/> Veterinary Facility          | <input type="checkbox"/> Dog Trainer   |
| <input type="checkbox"/> Specialty Pharmacy  | <input type="checkbox"/> Home Health Care Agency                       | <input type="checkbox"/> HMO Pharmacy                 | <input type="checkbox"/> Fluid Therapy Pharmacy/HHC                              |
| <input type="checkbox"/> Emergency Medical Services                                      | <input type="checkbox"/> Hospice-Inpatient                             | <input type="checkbox"/> Private Practitioner         | <input type="checkbox"/> Employee Script Fill Only                               |
| <input type="checkbox"/> Corporate Headquarters  | <input type="checkbox"/> Hospice-Outpatient                            | <input type="checkbox"/> DME Pharmacy                 | <input type="checkbox"/> Nuclear Pharmacy  |
| <input type="checkbox"/> Practitioner Corporation  | <input checked="" type="checkbox"/> Clinic                             | <input type="checkbox"/> Teaching Institution         | <input type="checkbox"/> Waste Disposal Only                                     |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> First Aid Room/Dispensary/Occupational Health | <input type="checkbox"/> Physical Therapy Facility    | <input type="checkbox"/> Manufacturer-Process Use                                |
| <input type="checkbox"/> Mail Order Pharmacy   | <input type="checkbox"/> Laboratory/Research                           | <input type="checkbox"/> Sports Training Facility     | <input type="checkbox"/> Food Processor-Nitrous Oxide                            |
| <input type="checkbox"/> Non-Territorial Pharmacy  | <input type="checkbox"/> Mobile Pharmacy                               | <input type="checkbox"/> Reseller of Medicinal Oxygen | <input type="checkbox"/> Reseller of Medicinal Oxygen/Contingency Stock Location |
| <input type="checkbox"/> Pharmacy Servicing Other Institution/Contingency Stock Location |  |   |  |
| <input type="checkbox"/> Other: (describe type of business conducted) _____              |  |   |  |

3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: [Give Identification Number(s)]

4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

☒ NO ☐ YES (If yes, give reason and detailed explanation on separate sheet)

5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:

Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☒ NO ☐ YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

SIGNATURE of Responsible Person:

DATE of Signature

PRINT NAME:

QUALIFICATIONS:

☒ M.D. License No.: 35.092297

☐ D.O. License No.:

☐ R.Ph. License No.:

☐ D.V.M. License No.:

☐ D.D.S. License No.:

☐ D.P.M. License No.:

☐ Ph.D./Chemist - Laboratories Only Title:

Social Sec. No.:

☐ Other:

Title:

Prof. License No.:

(if applicable)



RECEIVED  
OHIO BOARD OF PHARMAC

2011 AUG -8 PM12:59

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# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

<b>TYPE:</b> Change Address <b>DDD#:</b> 02-1621400 <b>NAME:</b> Planned Parenthood of Northeast Ohio <b>R.P.:</b> Sarah K Smith, MD <b>ADDR:</b> 25350 Rockside Road Bedford Heights, Ohio 44146  <b>CAT:</b> II <b>CLASS:</b> 09 clinic <b>CNTY:</b> Cuyahoga	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 20%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td>216-961-8804</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">Clinic</td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="5">HOURS</td> </tr> <tr> <td colspan="5">OPEN 8-5 MF</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	216-961-8804					TYPE		FED. #		EXP. DATE	Clinic					HOURS					OPEN 8-5 MF					FAX NUMBER		EMAIL							
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FAX NUMBER		EMAIL																																							

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Assigned by fax 8/22/2011					

<ol style="list-style-type: none"> <li>1. LICENSING</li> <li>2. I.D. CARDS</li> <li>3. RECORD SYSTEM</li> <li>4. BARRICADE</li> <li>5. MIN. STANDARDS</li> <li>6. SECURITY</li> <li>7. LIBRARY</li> <li>8. CLEANLINESS</li> <li>9. REFRIGERATION</li> <li>10. ACCOUNTABILITY</li> <li>11. IMPROPER DISPENSING</li> <li>12. INSUFFICIENT SUPERVISION</li> <li>13. INVENTORY RECORDS</li> <li>14. DRUG DESTRUCTION</li> <li>15. ILLEGAL SALES</li> <li>16. ILLEGAL PURCHASES</li> <li>17. SAMPLES</li> <li>20. IMPROPER Rx's</li> <li>21. OUTDATED DRUGS</li> <li>22. DRUG LABELS</li> <li>23. Rx INFORMATION</li> <li>24. OTC/SYRINGES</li> <li>26. Rx FILES</li> <li>27. Rx COPIES</li> <li>28. Rx INT/DATE</li> <li>29. DEA INVENTORY</li> <li>30. PHONED C-II Rx</li> <li>31. REFILLS-6MO/5X</li> <li>32. REFILLS-INT/DATE</li> <li>33. REFILLS-UA</li> <li>37. COUNSELING</li> <li>38. PSE SALES</li> <li>39. OARRS</li> <li>40. CONFIDENTIALITY</li> </ol>	<p>License mailed to Responsible Person this day. Sign &amp; keep license at the facility. Inspection to follow at a later date.</p> <p>You must purchase dangerous drugs from a licensed distributor. See ORC 4729.51 for persons who may sell, deliver, distribute and possess dangerous drugs (prescription drugs).</p> <p>The act of furnishing drugs (i.e. dispensing) to a patient must be performed by the prescriber. Nothing will allow delegation of this authority. Furnished drugs must be labeled pursuant to OAC 4729-5-17. Drugs that are administered per prescriber order must be documented in a record including the date, patient, drug name, and the amount or dose administered. Records of accountability are to be kept at the licensed location for a minimum of 3 years. OAC 4729-9-05, 4729-9-11 and 4729-9-22; 4729-17-03 and 4729-17-04; ORC 4729.29(B) and 3719.81.</p> <p>Refer to OAC 4729-5-01(N) for Positive ID requirements for drug records. Refer to the OSBP website for electronic prescription transmission systems meeting the required approvable status for use in Ohio. Positive ID is required to document the acts prescribing, dispensing, and administering.</p> <p>All newly licensed Category Three facilities shall take an opening DEA inventory of all controlled substances. Show 'zero' inventory if necessary. Take inventory in ink, date, sign, denote open/close of business, and maintain on file. A DEA controlled substance inventory is required at least every two years.</p> <p>Effective controls must be established to deter and detect theft of prescription drugs. Keys to the drug supply and syringes must be in the possession of authorized personnel at all times. Rx blanks must be secured. OAC 4729-9-05, 4729-9-11 and 4729-9-09.</p> <p>Any theft of a dangerous drug or falsification of a prescription record is a felony and must be reported immediately upon discovery to the Ohio Board of Pharmacy. If a controlled substance is involved, file a DEA Form 106 theft/loss report with OSBP. OAC 4729-9-15 and ORC 2921.22(A).</p> <p style="text-align: right;">If you have questions, contact Specialist Joann Predina at 216-642-1155</p>
--	---

☐ **PINK SHEET ISSUED FOR NUMBER(S):** \_\_\_\_\_

IF BOX IS CHECKED, **THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.**

SIGNATURE OF PERSON IN CHARGE _____ DATE _____	SIGNATURE OF INSPECTOR _____ DATE _____
---	--





OHIO STATE BOARD OF PHARMACY  
77 S. HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126  
614/466-4143

Read ENCLOSED INSTRUCTIONS carefully before completing this application.  
Make check/money order payable to "Treasurer, State of Ohio."

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THIS FORM MUST BE COMPLETED AND RETURNED WITH:

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- Form PHA-0602 for Wholesale Distributors of Dangerous Drugs OR
- Forms PHA-0602 and PHA-0700 for Wholesalers/Manufacturers of Controlled Substances

FOR STATE BOARD OF PHARMACY USE ONLY			
Class CL	Category 111	Fee 2011	License No. DEC 16 AM 11:45
Received TD OHIO BOARD OF PHARMACY			
Control No. 1203381	Amount Rec'd 150	Audit No. 011880	

## APPLICATION FOR REGISTRATION AS A DISTRIBUTOR OF DANGEROUS DRUGS (FORM PHA-0600)

### 1. LICENSE REQUEST FOR: → MUST BE COMPLETED ←

<input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE	Proposed Opening Date or Date of Change: 1/17/12	Change Of: <input type="checkbox"/> Address <input type="checkbox"/> Owner <input type="checkbox"/> Name <input checked="" type="checkbox"/> Category <input type="checkbox"/> Other-please state here:	If Change, give current Distributor License No.: 021621400
--	--	---	---

### 2. LOCATION BEING LICENSED:

Name under which the applicant will be doing business PLANNED PARENTHOOD OF NORTHEAST OHIO	County Summit	
Number and street address (DO NOT USE P.O. BOX NUMBER) 25350 ROCKSIDE ROAD	City, State BEDFORD HEIGHTS, OHIO	Zip Code 44146

### 3. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER: (Attach separate sheet if necessary)

### 4. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS:

Name REGAN CLAWSON	Title V.P. OF HEALTH SERVICES	Area Code/Phone Number 216-961-8804
Address 25350 ROCKSIDE ROAD	City, State BEDFORD HEIGHTS, OHIO	Zip Code 44146

### 5. NAME OF BUSINESS SERVICING ENTITY LISTED IN 2 ABOVE: (if applicable for contingency stock)

Name as listed on its Terminal Distributor license NA	Terminal Distributor License No.
--	----------------------------------

### 6a. APPLICANT INTENDS DOING BUSINESS AS: (Check ONE):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Agency
--	--------------------------------------	---	--	--

### 6b. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS: (Attach separate sheet, if necessary)

Name TARA BRODERICK	Title CEO	Date of Birth or Soc. Sec. No. [REDACTED]
Name JAMES WALTON	Title VP - FINANCE + ADMINISTRATION	Date of Birth or Soc. Sec. No.

### 6c. NAME OF GOVERNMENT AGENCY: (if applicable)

NA
----

### 7. TYPE OF CORPORATION, IF INCORPORATED: → COPY OF CORPORATION PAPERS MUST ACCOMPANY THIS APPLICATION ←

<input type="checkbox"/> General (ORC Ch 1701)	<input checked="" type="checkbox"/> Non-Profit (ORC Ch 1702)	<input type="checkbox"/> Limited Liability (ORC Ch 1705)	<input type="checkbox"/> Medical Care (ORC Ch 1737)	<input type="checkbox"/> Health Care (ORC Ch 1738)	<input type="checkbox"/> Dental Care (ORC Ch 1740)	<input type="checkbox"/> Professional Assoc. (ORC Ch 1785)
State Where Incorporated		Charter Number				

### 8a. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS: (if different than name and location being licensed)

Name NA	Area Code/Phone Number Ext.
Address	City, State, Zip Code

### 8b. PREVIOUS TRADE, CORPORATE, OR PARTNERSHIP NAMES & ADDRESSES, IF ANY: (Attach separate sheet if necessary)

NA
----

### 9. STATEMENT OF APPLICANT:

I DECLARE under penalties of Section 2921.13 of the Ohio Revised Code, that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application.

SIGNATURE of Applicant

PRINT NAME

Regan Clawson

VP of Health Services

Date  
11/30/11

Area Code/Phone Number

Ext.

216-961-8804 1201

No license or registration may be issued unless a completed application form (including fee & any required documents) has been received. [Sections 4729.52 and 4729.54, ORC]  
PHA-0600 (Rev. 07/96)





**APPLICATION FOR REGISTRATION AS A  
TERMINAL DISTRIBUTOR (FORM PHA-0601)**

See ENCLOSED INSTRUCTIONS for aid in properly completing this application.  
-- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

**1. CATEGORY OF LICENSE: (Check Only ONE)**

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code, as follows: ☐ Category I ☐ Limited Category I ☐ Category II ☐ Limited Category II ☒ Category III ☐ Limited Category III

**2. TYPE OF ESTABLISHMENT BEING LICENSED:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Retail Pharmacy   | <input type="checkbox"/> Convalescent-Res-Nursing Home                 | <input type="checkbox"/> Correctional Institution     | <input type="checkbox"/> Pharmacy That Services Other Institutions Only          |
| <input type="checkbox"/> Dog Warden/Animal Euthanasia                                    | <input type="checkbox"/> Dog Pound/Animal Shelter                      | <input type="checkbox"/> Veterinary Facility          | <input type="checkbox"/> Dog Trainer   |
| <input type="checkbox"/> Specialty Pharmacy  | <input type="checkbox"/> Home Health Care Agency                       | <input type="checkbox"/> HMO Pharmacy                 | <input type="checkbox"/> Fluid Therapy Pharmacy/HHC                              |
| <input type="checkbox"/> Emergency Medical Services                                      | <input type="checkbox"/> Hospice-Inpatient                             | <input type="checkbox"/> Private Practitioner         | <input type="checkbox"/> Employee Script Fill Only                               |
| <input type="checkbox"/> Corporate Headquarters  | <input type="checkbox"/> Hospice-Outpatient                            | <input type="checkbox"/> DME Pharmacy                 | <input type="checkbox"/> Nuclear Pharmacy  |
| <input type="checkbox"/> Practitioner Corporation  | <input checked="" type="checkbox"/> Clinic                             | <input type="checkbox"/> Teaching Institution         | <input type="checkbox"/> Waste Disposal Only                                     |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> First Aid Room/Dispensary/Occupational Health | <input type="checkbox"/> Physical Therapy Facility    | <input type="checkbox"/> Manufacturer-Process Use                                |
| <input type="checkbox"/> Mail Order Pharmacy   | <input type="checkbox"/> Laboratory/Research                           | <input type="checkbox"/> Sports Training Facility     | <input type="checkbox"/> Food Processor-Nitrous Oxide                            |
| <input type="checkbox"/> Non-Territorial Pharmacy  | <input type="checkbox"/> Mobile Pharmacy                               | <input type="checkbox"/> Reseller of Medicinal Oxygen | <input type="checkbox"/> Reseller of Medicinal Oxygen/Contingency Stock Location |
| <input type="checkbox"/> Pharmacy Servicing Other Institution/Contingency Stock Location |  |   |  |
| <input type="checkbox"/> Other: (describe type of business conducted) _____              |  |   |  |

**3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: [Give Identification Number(s)]**

**4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:**

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

☒ NO ☐ YES (If yes, give reason and detailed explanation on separate sheet)

**5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:**

Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☒ NO ☐ YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

**6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:**

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

SIGNATURE of Responsible Person:

DATE of Signature

PRINT NAME:

QUALIFICATIONS:

☒ M.D. License No.: 35. 092297

☐ D.O. License No.:

☐ R.Ph. License No.:

☐ D.V.M. License No.:

☐ D.D.S. License No.:

☐ D.P.M. License No.:

☐ Ph.D./Chemist - Laboratories Only Title:

Social Sec. No.:

☐ Other:

Title:

Prof. License No.:

(if applicable)



863283

2011 DEC 16 AM 11:45  
RECEIVED  
OHIO BOARD OF PHARMACY

# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

<b>TYPE:</b> Change Category only <b>DDD#:</b> 02-1621400 <b>NAME:</b> Planned Parenthood of Northeast Ohio <b>R.P.:</b> Sarah K Smith MD <b>ADDR:</b> 25350 Rockside Road Bedford Heights, OH 44146  <b>CAT:</b> III <b>CLASS:</b> 09 clinic <b>CNTY:</b> 18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 20%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td>216-961-8804</td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">Clinic</td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="5">HOURS</td> </tr> <tr> <td colspan="5">OPEN M-F 9-5</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	216-961-8804		P.M.		P.M.	TYPE		FED. #		EXP. DATE	Clinic					HOURS					OPEN M-F 9-5					FAX NUMBER		EMAIL							
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																																					
216-961-8804		P.M.		P.M.																																					
TYPE		FED. #		EXP. DATE																																					
Clinic																																									
HOURS																																									
OPEN M-F 9-5																																									
FAX NUMBER		EMAIL																																							

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Addition of surgery suite onsite					

<ol style="list-style-type: none"> <li>1. LICENSING</li> <li>2. I.D. CARDS</li> <li>3. RECORD SYSTEM</li> <li>4. BARRICADE</li> <li>5. MIN. STANDARDS</li> <li>6. SECURITY</li> <li>7. LIBRARY</li> <li>8. CLEANLINESS</li> <li>9. REFRIGERATION</li> <li>10. ACCOUNTABILITY</li> <li>11. IMPROPER DISPENSING</li> <li>12. INSUFFICIENT SUPERVISION</li> <li>13. INVENTORY RECORDS</li> <li>14. DRUG DESTRUCTION</li> <li>15. ILLEGAL SALES</li> <li>16. ILLEGAL PURCHASES</li> <li>17. SAMPLES</li> <li>20. IMPROPER Rx's</li> <li>21. OUTDATED DRUGS</li> <li>22. DRUG LABELS</li> <li>23. Rx INFORMATION</li> <li>24. OTC/SYRINGES</li> <li>26. Rx FILES</li> <li>27. Rx COPIES</li> <li>28. Rx INT/DATE</li> <li>29. DEA INVENTORY</li> <li>30. PHONED C-II Rx</li> <li>31. REFILLS-6MO/5X</li> <li>32. REFILLS-INT/DATE</li> <li>33. REFILLS-UA</li> <li>37. COUNSELING</li> <li>38. PSE SALES</li> <li>39. OARRS</li> <li>40. CONFIDENTIALITY</li> </ol>	<p>License mailed to Responsible Person this day. Sign &amp; keep license at the facility. Inspection to follow at a later date.</p> <p>You must purchase dangerous drugs from a licensed distributor. See ORC 4729.51 for persons who may sell, deliver, distribute and possess dangerous drugs (prescription drugs).</p> <p>The act of personally furnishing drugs (i.e. dispensing) to a patient must be performed by the prescriber, pursuant to ORC 4729.29 and within the limitations of 4729.291. Nothing will allow delegation of this authority. Furnished drugs must be labeled pursuant to OAC 4729-5-17.</p> <p>All controlled substances, tramadol, and carisoprodol, including those dispensed to Emergency Department patients or personally furnished to a patient by a prescriber, must be reported to Ohio's Prescription Drug Monitoring Program (OARRS) as required in ORC 4729.77, 4729.78, &amp; 4729.79.</p> <p>Drugs that are administered per prescriber order must be documented in a record including the date, patient, drug name, and the amount or dose administered. Records of accountability are to be kept at the licensed location for a minimum of 3 years. OAC 4729-9-05, 4729-9-11 and 4729-9-22; 4729-17-03 and 4729-17-04; ORC 4729.29(B) and 3719.81.</p> <p>Refer to OAC 4729-5-01(N) for Positive ID requirements for drug records. Refer to the OSBP website for electronic prescription transmission systems meeting the required approvable status for use in Ohio. Positive ID is required to document the acts prescribing, dispensing, and administering.</p> <p>All newly licensed Category Three facilities shall take an opening DEA inventory of all controlled substances. Show 'zero' inventory if necessary. Take inventory in ink, date, sign, denote open/close of business, and maintain on file. A DEA controlled substance inventory is required at least every two years.</p> <p>Effective controls must be established to deter and detect theft of prescription drugs. Keys to the drug supply and syringes must be in the possession of authorized personnel at all times. Rx blanks must be secured. OAC 4729-9-05, 4729-9-11 and 4729-9-09.</p> <p>Any theft of a dangerous drug or falsification of a prescription record is a felony and must be reported immediately upon discovery to the Ohio Board of Pharmacy. If a controlled substance is involved, file a DEA Form 106 theft/loss report with OSBP. OAC 4729-9-15 and ORC 2921.22(A).</p> <p style="text-align: center;">Contact Specialist Joann Predina at 216-642-1155 if you have questions.</p>
--	---

☐ PINK SHEET ISSUED FOR NUMBER(S): \_\_\_\_\_

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF INSPECTOR \_\_\_\_\_

DATE \_\_\_\_\_

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY





OHIO STATE BOARD OF PHARMACY  
77 S. HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126  
614/466-4143

Read ENCLOSED INSTRUCTIONS carefully before completing this application.  
Make check/money order payable to "Treasurer, State of Ohio".

— PLEASE PRINT OR TYPE —

THIS FORM MUST BE COMPLETED AND RETURNED WITH:

- Form PHA-0601 for Terminal Distributors of Dangerous Drugs OR
- Form PHA-0602 for Wholesale Distributors of Dangerous Drugs OR
- Forms PHA-0602 and PHA-0700 for Wholesalers/Manufacturers of Controlled Substances

## APPLICATION FOR REGISTRATION AS A DISTRIBUTOR OF DANGEROUS DRUGS (FORM PHA-0600)

### 1. LICENSE REQUEST FOR: → MUST BE COMPLETED ←

<input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE	Proposed Opening Date or Date of Change: July 1, 2012	Change Of: <input type="checkbox"/> Address <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Category <input type="checkbox"/> Other—please state here:	If Change, give current Distributor License No.: 021621400
--	---	--	---

### 2. LOCATION BEING LICENSED:

Name under which the applicant will be doing business Planned Parenthood of Greater Ohio	County Cuyahoga	
Number and street address (DO NOT USE P.O. BOX NUMBER) 25350 Rockside Rd.	City, State Bedford Heights, Ohio	Zip Code 44146

### 3. LIST ANY OTHER NAMES THE ENTITY WILL BE CONDUCTING BUSINESS UNDER: (Attach separate sheet if necessary)

N/A

### 4. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS:

Name Susan Hirt	Title Dir. of Risk + Quality Mgmt.	Area Code/Phone Number 330-535-2674
Address 444 W. Exchange St.	City, State Akron, Ohio	Zip Code 44302

### 5. NAME OF BUSINESS SERVICING ENTITY LISTED IN 2 ABOVE: (if applicable for contingency stock)

Name as listed on its Terminal Distributor license N/A	Terminal Distributor License No.
---	----------------------------------

### 6a. APPLICANT INTENDS DOING BUSINESS AS: (Check ONE):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Agency
--	--------------------------------------	---	--	--

### 6b. NAME OF OWNER(S); OR, IF INCORPORATED, NAME AND TITLE OF OFFICERS: (Attach separate sheet, if necessary)

Name Stephanie Kight	Title CEO	Date of Birth or Soc. Sec. No. [REDACTED]
Name Regan Clawson	Title VP of Health Services	Date of Birth or Soc. Sec. No. [REDACTED]

### 6c. NAME OF GOVERNMENT AGENCY: (if applicable)

N/A

### 7a. TYPE OF CORPORATION, IF INCORPORATED: → COPY OF CORPORATION PAPERS MUST ACCOMPANY THIS APPLICATION ←

<input type="checkbox"/> General (ORC Ch 1701)	<input checked="" type="checkbox"/> Non-Profit (ORC Ch 1702)	<input type="checkbox"/> Limited Liability (ORC Ch 1705)	<input type="checkbox"/> Medical Care (ORC Ch 1737)	<input type="checkbox"/> Health Care (ORC Ch 1738)	<input type="checkbox"/> Dental Care (ORC Ch 1740)	<input type="checkbox"/> Professional Assoc. (ORC Ch 1785)
--	--	--	---	--	--	--

State Where Incorporated Ohio	Charter Number 352111
----------------------------------	--------------------------

### 8a. TRADE, CORPORATE, OR PARTNERSHIP NAME AND ADDRESS: (if different than name and location being licensed)

Name N/A	Area Code/Phone Number Ext.
Address	City, State, Zip Code

### 8b. PREVIOUS TRADE, CORPORATE, OR PARTNERSHIP NAMES & ADDRESSES, IF ANY: (Attach separate sheet if necessary)

N/A

### 9. STATEMENT OF APPLICANT:

I DECLARE under penalties of Section 2921.13 of the Ohio Revised Code, that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application.

SIGNATURE of Applicant Susan Hirt	DOB/SS# [REDACTED]	Date 5/24/12
PRINT NAME Susan Hirt	Title Dir of Risk + Quality Mgmt	Area Code/Phone Number 330-535-2674
		Ext. 1141

No license or registration may be issued unless a completed application form (including fee & any required documents) has been received. [Sections 4729.52 and 4729.54, ORC]

PHA-0600 (Rev. 07/96)

FOR STATE BOARD OF PHARMACY USE ONLY			
Class C	Category II	Fee	License No.
Received 897912 TD		2012 MAY 30 PM 12:38	
Control No. 1207287	Amount Rec'd 150	Audit No. ARMA 07117	

OK  
5/31/12  
ga



# APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

See ENCLOSED INSTRUCTIONS for aid in properly completing this application.  
-- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

## 1. CATEGORY OF LICENSE: (Check Only ONE)

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code, as follows: ☐ Category I ☐ Limited Category I ☐ Category II ☐ Limited Category II ☒ Category III ☐ Limited Category III

## 2. TYPE OF ESTABLISHMENT BEING LICENSED:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Retail Pharmacy   | <input type="checkbox"/> Convalescent-Rest-Nursing Home                | <input type="checkbox"/> Correctional Institution                                | <input type="checkbox"/> Pharmacy That Services Other Institutions Only |
| <input type="checkbox"/> Dog Warden/Animal Euthanasia                                    | <input type="checkbox"/> Dog Pound/Animal Shelter                      | <input type="checkbox"/> Veterinary Facility                                     | <input type="checkbox"/> Dog Trainer                                    |
| <input type="checkbox"/> Specialty Pharmacy  | <input type="checkbox"/> Home Health Care Agency                       | <input type="checkbox"/> HMO Pharmacy  | <input type="checkbox"/> Fluid Therapy Pharmacy/HHC                     |
| <input type="checkbox"/> Emergency Medical Services                                      | <input type="checkbox"/> Hospice-Inpatient                             | <input type="checkbox"/> Private Practitioner                                    | <input type="checkbox"/> Employee Script Fill Only                      |
| <input type="checkbox"/> Corporate Headquarters  | <input type="checkbox"/> Hospice-Outpatient                            | <input type="checkbox"/> DME Pharmacy  | <input type="checkbox"/> Nuclear Pharmacy                               |
| <input type="checkbox"/> Practitioner Corporation  | <input checked="" type="checkbox"/> Clinic                             | <input type="checkbox"/> Teaching Institution                                    | <input type="checkbox"/> Waste Disposal Only                            |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> First Aid Room/Dispensary/Occupational Health | <input type="checkbox"/> Physical Therapy Facility                               | <input type="checkbox"/> Manufacturer-Process Use                       |
| <input type="checkbox"/> Mail Order Pharmacy   | <input type="checkbox"/> Laboratory/Research                           | <input type="checkbox"/> Sports Training Facility                                | <input type="checkbox"/> Food Processor-Nitrous Oxide                   |
| <input type="checkbox"/> Non-Territorial Pharmacy  | <input type="checkbox"/> Mobile Pharmacy                               | <input type="checkbox"/> Reseller of Medicinal Oxygen                            |   |
| <input type="checkbox"/> Pharmacy Servicing Other Institution/Contingency Stock Location |  | <input type="checkbox"/> Reseller of Medicinal Oxygen/Contingency Stock Location |   |
| <input type="checkbox"/> Other: (describe type of business conducted) _____              |  |  |   |

## 3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: [Give Identification Number(s)]

## 4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

☒ NO ☐ YES (If yes, give reason and detailed explanation on separate sheet)

## 5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:

Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☒ NO ☐ YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

## 6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

SIGNATURE of Responsible Person:

DATE of Signature

PRINT NAME:

QUALIFICATIONS:

- ☒ M.D. License No.: 35.085199 ☐ D.O. License No.: \_\_\_\_\_ ☐ R.Ph. License No.: \_\_\_\_\_
- ☐ D.V.M. License No.: \_\_\_\_\_ ☐ D.D.S. License No.: \_\_\_\_\_ ☐ D.P.M. License No.: \_\_\_\_\_
- ☐ Ph.D./Chemist - Laboratories Only Title: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_ Title: \_\_\_\_\_ Prof. License No.: \_\_\_\_\_ (if applicable)



APPLICATION FOR REGISTRATION AS A  
TERMINAL DISTRIBUTOR (FORM PHA-0601)

See ENCLOSED INSTRUCTIONS for aid in properly completing this application.  
-- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICENSE: (Check Only ONE)

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code, as follows: ☐ Category I ☐ Limited Category I ☒ Category II ☐ Limited Category II ☒ Category III ☐ Limited Category III

2. TYPE OF ESTABLISHMENT BEING LICENSED:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Retail Pharmacy   | <input type="checkbox"/> Convalescent-Res.-Nursing Home                | <input type="checkbox"/> Correctional Institution                                | <input type="checkbox"/> Pharmacy That Services Other Institutions Only |
| <input type="checkbox"/> Dog Warden/Animal Euthanasia                                    | <input type="checkbox"/> Dog Pound/Animal Shelter                      | <input type="checkbox"/> Veterinary Facility                                     | <input type="checkbox"/> Dog Trainer                                    |
| <input type="checkbox"/> Specialty Pharmacy  | <input type="checkbox"/> Home Health Care Agency                       | <input type="checkbox"/> HMO Pharmacy  | <input type="checkbox"/> Fluid Therapy Pharmacy/HHC                     |
| <input type="checkbox"/> Emergency Medical Services                                      | <input type="checkbox"/> Hospice-Inpatient                             | <input type="checkbox"/> Private Practitioner                                    | <input type="checkbox"/> Employee Script Fill Only                      |
| <input type="checkbox"/> Corporate Headquarters  | <input type="checkbox"/> Hospice-Outpatient                            | <input type="checkbox"/> DME Pharmacy  | <input type="checkbox"/> Nuclear Pharmacy                               |
| <input type="checkbox"/> Practitioner Corporation  | <input checked="" type="checkbox"/> Clinic                             | <input type="checkbox"/> Teaching Institution                                    | <input type="checkbox"/> Waste Disposal Only                            |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> First Aid Room/Dispensary/Occupational Health | <input type="checkbox"/> Physical Therapy Facility                               | <input type="checkbox"/> Manufacturer-Process Use                       |
| <input type="checkbox"/> Mail Order Pharmacy   | <input type="checkbox"/> Laboratory/Research                           | <input type="checkbox"/> Sports Training Facility                                | <input type="checkbox"/> Food Processor-Nitrous Oxide                   |
| <input type="checkbox"/> Non-Territorial Pharmacy  | <input type="checkbox"/> Mobile Pharmacy                               | <input type="checkbox"/> Reseller of Medicinal Oxygen                            |   |
| <input type="checkbox"/> Pharmacy Servicing Other Institution/Contingency Stock Location |  | <input type="checkbox"/> Reseller of Medicinal Oxygen/Contingency Stock Location |   |
| <input type="checkbox"/> Other: (describe type of business conducted) _____              |  |  |   |

3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: [Give Identification Number(s)]

4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

☒ NO ☐ YES (If yes, give reason and detailed explanation on separate sheet)

5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:

Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☒ NO ☐ YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

SIGNATURE of Responsible Person:

DATE of Signature

PRINT NAME:

QUALIFICATIONS:

☒ M.D. License No.: 35.085199

☐ D.O. License No.: \_\_\_\_\_

☐ R.Ph. License No.: \_\_\_\_\_

☐ D.V.M. License No.: \_\_\_\_\_

☐ D.D.S. License No.: \_\_\_\_\_

☐ D.P.M. License No.: \_\_\_\_\_

☐ Ph.D./Chemist - Laboratories Only Title: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Title: \_\_\_\_\_

Prof. License No.: \_\_\_\_\_

(if applicable)

PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C.  
Maximum Penalty: Denial of License

White & Yellow pages to Board  
Pink page for applicant records







May 29, 2012

Ohio State Board of Pharmacy  
77 S. High Street, 17<sup>th</sup> floor  
Columbus, Ohio 43266-0320

To Whom It May Concern:

As of July 1, 2012, Planned Parenthood of Central Ohio will be merged into Planned Parenthood of Northeast Ohio. At that time, the affiliate's name will be changed to Planned Parenthood of Greater Ohio. Enclosed is the paperwork and fees that coincide with the changes to the drug licenses for the twenty-one health centers involved.

Please send all the licenses to the administrative office at the following address:

Planned Parenthood of Central Ohio  
206 East State Street  
Columbus, Ohio 43215

If you have any questions about the paperwork, feel free to call me at 330-535-2674, ext 1141.

Sincerely,

A handwritten signature in cursive script that reads 'Susan Hirt'.

Susan Hirt, RN, MBA  
Director of Risk and Quality Management







STATE OF OHIO  
DEPARTMENT OF TAXATION  
SALES AND USE TAX  
BLANKET EXEMPTION CERTIFICATE

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made from:

Planned Parenthood of Northeast Ohio

(vendor's name)

on or after May 30, 2007

(Date)

and certifies that this claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon:

501 (C) (3) Charitable/Educational Organization

***PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION.***

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above vendor unless the order specifies otherwise.

Planned Parenthood of Northeast Ohio

Purchaser's Name

Health Care/Educational Organization

Purchaser's Activity (i.e. Manufacturer, Public Utility, Church, etc.)

444 West Exchange Street

Street Address

Akron, Ohio

Ohio

44302

City

State

Zip Code

*Terrell Brundage* CEO

Signature and Title

5/31/07

Date Signed

34-1015976

Vendor's License Number, If any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.



# EXCEPTION(S) AND SELECTED EXEMPTION(S)

Ohio Revised Code § 5739.01

- (E) "Retail sale" and "sales at retail" include all sales except those in which the purpose of the consumer is:
- (1) To resell the thing transferred or benefit of the service provided, by a person engaging in business, in the form in which the same is, or is to be, received by the person;
  - (2) To incorporate the thing transferred as a material or a part, into tangible personal property to be produced for sale by manufacturing, assembling, processing, or refining, or to use or consume the thing transferred directly in mining, including without limitation the extraction from the earth of all substances which are classified geologically as minerals, production of crude oil and natural gas, farming, agriculture, horticulture, or floriculture, and persons engaged in rendering farming, agricultural, horticultural, or floricultural services, and services in the exploration for, and production of, crude oil and natural gas, for others are deemed engaged directly in farming, agriculture, horticulture, or floriculture, or exploration for, and production of, crude oil and natural gas; directly in the rendition of a public utility service, except that the sales tax levied by section 5739.02 of the Revised Code shall be collected upon all meats, drinks, and food for human consumption sold upon Putman and railroad coaches. This paragraph does not exempt or except from "retail sale" or "sales at retail" the sale of tangible personal property that is to be incorporated into a structure or improvement to real property.
  - (3) To hold the thing transferred as security for the performance of an obligation of the vendor;
  - (4) To use or consume the thing transferred in the process of reclamation as required by Chapters 1513. and 1514. of the Revised Code;
  - (5) To resell, hold, use, or consume the thing transferred as evidence of a contract of insurance;
  - (6) To use or consume the thing directly in commercial fishing;
  - (7) To incorporate the thing transferred as a material or a part into, or to use or consume the thing transferred directly in the production of, magazines distributed as controlled circulation publications;
  - (8) To use or consume the thing transferred in the production and preparation in suitable condition for market and sale of printed, imprinted, overprinted, lithographic, multilithic, blueprinted, photostatic, or other productions or reproductions of written or graphic matter;
  - (9) To use the thing transferred, as described in section 5739.011 [5739.01.1] of the Revised Code, primarily in a manufacturing operation to produce tangible personal property for sale;
  - (10) To use the benefit of a warranty, maintenance or service contract, or similar agreement, as defined in division (B)(7) of this section, to repair or maintain tangible personal property, if all of the property that is the subject of the warranty, contract, or agreement would be exempt on its purchase from the tax imposed by section 5739.02 of the Revised Code;
  - (11) To use the thing transferred as qualified research and development equipment;
  - (12) To use or consume the thing transferred primarily in storing, transporting, mailing, or otherwise handling purchased sales inventory in a warehouse, distribution center, or similar facility when the inventory is primarily distributed outside this state to retail stores of the person who owns or controls the warehouse, distribution center, or similar facility, to retail stores of an affiliated group of which that person is a member, or by means of direct marketing. Division (E)(12) of this section does not apply to motor vehicles registered for operation on the public highways. As used in division (E)(12) of this section, "affiliated group" has the same meaning as in division (B)(3)(e) of this section and "direct marketing" has the same meaning as in division (B)(37) of section 5739.02 of the Revised Code.
  - (13) To use or consume the thing transferred to fulfill a contractual obligation incurred by a warrantor pursuant to a warranty provided as a part of the price of the tangible personal property sold or by a vendor of a warranty, maintenance or service contract, or similar agreement the provision of which is defined as a sale under division (B)(7) of this section.
- As used in division (E) of this section, "thing" includes all transactions included in divisions (B)(3)(a), (b), and (e) of this section;
- (14) To use or consume the thing transferred in the production of a newspaper for distribution to the public.
- Sales conducted through a coin-operated device that activates vacuum equipment or equipment that dispenses water, whether or not in combination with soap or other cleaning agents or wax, to the consumer for the consumer's use on the premises in washing, cleaning, or waxing a motor vehicle, provided no other personal property or personal service is provided as part of the transaction, are not retail sales or sales at retail.

Ohio Revised Code § 5739.02

- use or consumption directly in the production of tangible personal property for sale by farming, agriculture, horticulture, or floriculture; or material and parts for incorporation into any such tangible personal property for use or consumption in production; and of tangible personal property for such use or consumption in the conditioning or holding of products produced by and for such use, consumption, or sale by persons engaged in farming, agriculture, horticulture, or floriculture except where such property is incorporated into real property;
- (18) Sales of drugs dispensed by a registered pharmacist upon the order of a practitioner licensed to prescribe, dispense, and administer drugs to a human being in the course of the professional practice; insulin as recognized in the official United States pharmacopoeia; urine and blood testing materials when used by diabetics or persons with hypoglycemia to test for glucose or acetone; hypodermic syringes and needles when used by diabetics for insulin injections; epoetin alfa when purchased for use in the treatment of persons with end-stage renal disease; hospital beds when purchased for use by persons with medical problems or medical purposes; and oxygen and oxygen-dispensing equipment when purchased for use by persons with medical problems or medical purposes;
- (19) Sales of artificial limbs or portion thereof, breast prostheses, and other prosthetic devices for humans; braces or other devices for supporting weakened or nonfunctioning parts of the human body; wheelchairs; devices used to lift wheelchairs into motor vehicles and parts and accessories to such devices; crutches or other devices to aid human perambulation; and items of tangible personal property used to supplement impaired functions of the human body such as respiration, hearing, or elimination. No exemption under this division shall be allowed for nonprescription drugs, medicines, or remedies; items or devices used to supplement vision; items or devices whose function is solely or primarily cosmetic; or physical fitness equipment. This division does not apply to sales to a physician or medical facility for use in the treatment of a patient.
- (20) Sales of emergency and fire protection vehicles and equipment to nonprofit organizations for use solely in providing fire protection and emergency services for political subdivisions of the state;
- (21) Sales of tangible personal property, manufactured in this state, if sold by the manufacturer in this state to a retailer for use in the retail business of the retailer outside of this state and if possession is taken from the manufacturer by the purchaser within this state for the sole purpose of immediately removing the same from this state in a vehicle owned by the purchaser;

- (24) Sales to persons engaged in the preparation of eggs for sale of tangible personal property used or consumed directly in such preparation, including such tangible personal property used for cleaning, sanitizing, preserving, grading, sorting and classifying by size; packages, including material and parts for packages, and of machinery, equipment, and material for use in packaging eggs for sale; and handling and transportation equipment and parts therefor, except motor vehicles licensed to operate on public highways, used in intraplant or interplant transfers or shipment of eggs in the process of preparation for sale, when the plant or plants within or between which such transfers or shipments occur are operated by the same person. "Packages" includes containers, cases, baskets, flats, fillers, filler flats, cartons, closure materials, labels, and labeling materials, and "packaging" means labeling thereon.
- (25)(a) Sales of water to a consumer for residential use, except the sale of bottled water, distilled water, mineral water, carbonated water, or ice;
- (b) Sales of water by a nonprofit corporation engaged exclusively in the treatment, distribution, and sale of water to consumers, if such water is delivered to consumers through pipes or tubing.
- (27) Sales of solar, wind, or hydrothermal energy systems that meet the guidelines established under division (B) of section 551.20 of the Revised Code, components of such systems that are identified under division (B) or (D) of that section, or charges for the installation of such systems or components, made during the period from August 14, 1979, through December 31, 1985;
- (28) Sales to persons licensed to conduct a food service operation pursuant to section 3732.03 of the Revised Code; of tangible personal property primarily used directly:
- (a) To prepare food for human consumption for sale;
  - (b) To preserve food which has been or will be prepared for human consumption for sale by the food service operator, not including tangible personal property used to display food for selection by the consumer; and
  - (c) To clean tangible personal property used to prepare or serve food for human consumption for sale.

(B) The tax does not apply to the following:

- (12) Sales of tangible personal property or services to churches, to organizations exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986, and to any other nonprofit organizations operated exclusively for charitable purposes in this state, no part of the net income of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which consists of carrying on propaganda or otherwise attempting to influence legislation; sales to offices administering one or more homes for the aged or one or more hospital facilities exempt under section 140.08 of the Revised Code; and sales to organizations described in division (D) of section 5709.12 of the Revised Code.
- Charitable purposes means the relief of poverty, the improvement of health through the alleviation of illness, disease, or injury, the operation of an organization exclusively for the provision of professional, laundry, printing, and purchasing services to hospitals or charitable institutions, the operation of a home for the aged, as defined in section 5701.13 of the Revised Code, the operation of a radio or television broadcasting station that is licensed by the federal communications commission as a noncommercial educational radio or television station, the operation of a nonprofit animal adoption service or a county humane society, the promotion of education by an institution of learning which maintains a faculty of qualified instructors, teaches regular continuous courses of study, and confers a recognized diploma upon completion of a specific curriculum, the operation of a parent teacher association, booster group, or similar organization primarily engaged in the promotion and support of the curricular or extracurricular activities of a primary or secondary school, the operation of a community or area center in which presentations in music, dramatics, the arts, and related fields are made in order to foster public interest and education therein, the production of performances in music, dramatics, and the arts, or the promotion of education by an organization engaged in carrying on research in, or the dissemination of scientific and technological knowledge and information primarily for the public.
- Nothing in this division shall be deemed to exempt sales to any organization for use in the operation or carrying on of a trade or business, or sales to a home for the aged for use in the operation of independent living facilities as defined in division (A) of section 5709.12 of the Revised Code.
- (13) Building and construction materials and services sold to construction contractors for incorporation into a structure or improvement to real property under a construction contract with this state or a political subdivision thereof, or with the United States government or any of its agencies; building and construction materials and services sold to construction contractors for incorporation into a structure or improvement to real property which are accepted for ownership by this state or any of its political subdivisions, or by the United States government or any of its agencies at the time of completion of such structures or improvements; building and construction materials sold to construction contractors for incorporation into a horticulture structure or livestock structure for a person engaged in the business of horticulture or producing livestock; building materials and services sold to a construction contractor for incorporation into a house of public worship or religious education, or a building used exclusively for charitable purposes under a construction contract with an organization whose purpose is as described in division (B)(12) of this section; building and construction materials sold for incorporation into the original construction of a sports facility under section 307.696 [307.69.6] of the Revised Code; and building and construction materials and services sold to a construction contractor for incorporation into real property outside this state if such materials and services, when sold to a construction contractor in the state in which the real property is located for incorporation into real property in that state, would be exempt from a tax on sales levied by that state;
- (14) Sales of ships or vessels or rail rolling stock used or to be used principally in interstate or foreign commerce, and repairs, alterations, fuel, and lubricants for such ships or vessels or rail rolling stock;
- (15) Sales to persons engaged in any of the activities mentioned in division (E)(2) or (9) of section 5739.01 of the Revised Code, to persons engaged in making retail sales, or to persons who purchase for sale from a manufacturer tangible personal property that was produced by the manufacturer in accordance with specific designs provided by the purchaser, of packages, including material and parts for packages, and of machinery, equipment, and material for use primarily in packaging tangible personal property produced for sale by or on the order of the person doing the packaging, or sold at retail. "Packages" includes bags, baskets, cartons, crates, boxes, cans, bottles, bindings, wrappings, and other similar devices and containers and "packaging" means placing therein.
- (16) Sales of food to persons using food stamp coupons to purchase the food. As used in division (B)(16) of this section, "food" has the same meaning as in the "Food Stamp Act of 1977," 91 Stat. 958, 7 U.S.C. 2012, as amended, and federal regulations adopted pursuant to that act.
- (17) Sales to persons engaged in farming, agriculture, horticulture, or floriculture, of tangible personal property for use or consumption directly in the production by farming, agriculture, horticulture, or floriculture of other tangible personal property for
- (30) Sales of services to a corporation described in division (A) of section 5709.72 of the Revised Code, and sales of tangible personal property that qualifies for exemption from taxation under section 5709.72 of the Revised Code;
- (31) Sales and installation of agricultural land tile, as defined in division (B)(5)(a) of section 5739.01 of the Revised Code;
- (32) Sales and erection or installation of portable grain bins, as defined in division (B)(5)(b) of section 5739.01 of the Revised Code;
- (33) The sale, lease, repair, and maintenance of; parts for; or items attached to or incorporated in motor vehicles that are primarily used for transporting tangible personal property by a person engaged in highway transportation for hire;
- (34) Sales to the state headquarters of any veterans' organization in Ohio that is either incorporated and issued a charter by the congress of the United States or is recognized by the United States veterans administration, for use by the headquarters;
- (35) Sales to a telecommunications service vendor of tangible personal property and services used directly and primarily in transmitting, receiving, switching, or recording any interactive, two-way electromagnetic communications, including voice, image, data, and information, through the use of any medium, including, but not limited to, poles, wires, cables, switching equipment, computers, and record storage devices and media, and component parts for the tangible personal property. The exemption provided in division (B)(35) of this section shall be in lieu of all other exceptions under division (E)(2) of section 5739.01 of the Revised Code to which a telecommunications service vendor may otherwise be entitled based upon the use of the thing purchased in providing the telecommunications service.
- (36) Sales of investment metal bullion and investment coins. "Investment metal bullion" means any elementary precious metal which has been put through a process of smelting or refining, including, but not limited to, gold, silver, platinum, and palladium, and which is in such state or condition that its value depends upon its content and not upon its form. "Investment metal bullion" does not include fabricated precious metal which has been processed or manufactured for one or more specific and customary industrial, professional, or artistic uses. "Investment coins" means numismatic coins or other forms of money and legal tender manufactured of gold, silver, platinum, palladium, or other metal under the laws of the United States or any foreign nation with a fair market value greater than any statutory or nominal value of such coins.
- (37)(a) Sales where the purpose of the consumer is to use or consume the things transferred in making retail sales and consisting of newspaper inserts, catalogues, coupons, flyers, gift certificates, or other advertising material which prices and describes tangible personal property offered for retail sale.
- (b) Sales to direct marketing vendors of preliminary materials such as photographs, artwork, and typesetting that will be used in printing advertising material; of printed matter that offers free merchandise or chances to win sweepstake prizes and that is mailed to potential customers with advertising material described in division (B)(37)(a) of this section; and of equipment such as telephones, computers, facsimile machines, and similar tangible personal property primarily used to accept orders for direct marketing retail sales.
- (c) Sales of automatic food vending machines that preserve food with a shelf life of forty-five days or less by refrigeration and dispense it to the consumer.
- For purposes of division (B)(37) of this section, "direct marketing" means the method of selling where consumers order tangible personal property by United States mail, delivery service, or telecommunication and the vendor delivers or ships the tangible personal property sold to the consumer from a warehouse, catalogue distribution center, or similar fulfillment facility by means of the United States mail, delivery service, or common carrier.
- (38) Sales to a person engaged in the business of horticulture or producing livestock of materials to be incorporated into a horticulture structure or livestock structure.
- For the purpose of the proper administration of this chapter, and to prevent the evasion of the tax, it is presumed that all sales made in this state are subject to the tax until the contrary is established.
- As used in this section, except in division (B)(16) of this section, "food" includes cereals and cereal products, milk and milk products including ice cream, meat and meat products, fish and fish products, eggs and egg products, vegetables and vegetable products, fruits, fruit products, and pure fruit juices, condiments, sugar and sugar products, coffee and coffee substitutes, tea, and cocoa and cocoa products. It does not include: spirituous or malt liquors; soft drinks; sodas and beverages which are ordinarily dispensed at bars and soda fountains or in connection therewith other than coffee, tea, and cocoa; root beer and root beer extracts; malt and malt extracts; mineral oils, cod liver oils, and halibut liver oil; medicines, including tonics, vitamin preparations, and other products sold primarily for their medicinal properties; and water, including mineral, bottled, and carbonated waters and ice.





DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/02/2007	200718300224	MERGER/DOMESTIC (MER)	125 00	100 00	00	00	00

**Receipt**

This is not a bill Please do not remit payment

BUCKINGHAM DOOLITTLE & BURROUGHS LLP  
191 W. NATIONWIDE BLVD  
STE 300  
COLUMBUS OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

352111

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**PLANNED PARENTHOOD OF NORTHEAST OHIO**

and, that said business records show the filing and recording of:

Document(s)  
**MERGER/DOMESTIC**

Document No(s):  
**200718300224**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 1st day of July, A D  
2007

Ohio Secretary of State





**CODE OF REGULATIONS  
PLANNED PARENTHOOD OF NORTHEAST OHIO**

**ARTICLE I. - NAME**

The name of this Corporation shall be Planned Parenthood of Northeast Ohio.

**ARTICLE II. - PURPOSE**

The Corporation believes in the fundamental right of each individual throughout the world to manage his or her fertility, regardless of the individual's income, marital status, race, ethnicity, sexual orientation, age, national origin or residence. We believe that respect and value for diversity in all aspects of our organization are essential to our well-being. We believe that reproductive self-determination must be voluntary and preserve the individual's right to privacy. We further believe that such self-determination will contribute to an enhancement of the quality of life, strong family relationships and population stability. Based on these beliefs, and reflecting the diverse communities within which we operate, the mission of the Corporation is:

- To provide quality comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual.
- To advocate public policies which guarantee these rights and ensure access to such services.
- To provide educational programs which enhance understanding of individual and societal implications of human sexuality.
- To promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.

**ARTICLE III. - MEMBERSHIP**

The Corporation shall have no members.

**ARTICLE IV. - MEETINGS**

**A. TYPES OF MEETINGS**

1. **ANNUAL MEETING** – The Annual Meeting of the Corporation shall be held during the last calendar quarter of each fiscal year, the specific date to be determined by the Board of Directors. The Board of Directors shall be so notified no fewer than ten days in advance. The Annual Meeting shall be held for the purpose of electing the Board of Directors and the Officers, and for such other business as determined by the Board of Directors. Only members of the Board of Directors shall be entitled to vote at the Annual Meeting.

The budget for the next fiscal year shall be adopted at the last full meeting of the Board of Directors prior to the beginning of the fiscal year.

2. REGULAR MEETINGS – The Board of Directors must meet a minimum of four times a year, with meeting intervals and dates determined by the Board of Directors.
  3. SPECIAL MEETINGS – Special meetings of the Board of Directors may be called by the President, a Vice-President or any five Directors. Only business stated in the call to the meeting shall be transacted.
  4. NOTICE OF MEETINGS – Written notice of the time and place of all meetings of the Board of Directors shall be given to the Directors by U.S. mail, by express mail, by email or by personal delivery at least five days before the meeting. Unless otherwise indicated, any business may be transacted at any meeting.
- B. QUORUM – One-half of the Directors shall constitute a quorum. In the presence of a quorum, a majority of the Directors in attendance at any meeting of the Board of Directors shall decide its action, except as otherwise provided. In absence of a quorum, a majority of Directors present may adjourn the meeting.
- A quorum of the Executive Committee shall be one-half of its members.
- C. ACTION WITHOUT A MEETING. Any action which may be authorized or taken at a Directors' meeting may be authorized or taken without a meeting with a writing or writings setting forth the action taken signed by all of the Directors. The writing or writings will be filed with or entered upon the Corporation's records.

## ARTICLE V. – DIRECTORS

- A. MEMBERSHIP – The Board of Directors shall consist of not fewer than 20 nor more than 25 elected volunteer members. Advisory appointments (non-voting) may be made by the President. The Corporation shall not discriminate in the selection of Directors on the basis of age, sexual orientation, disability, sex, race, color, religion, national origin, income or marital status. Employees of the Corporation, employees of other Planned Parenthood affiliates and employees of Planned Parenthood Federation of American (“PPFA”), shall not be eligible for membership on the Board of Directors. The initial members of the Board of Directors of the Corporation will be the persons named in its Amended Articles of Incorporation filed on July 1, 2007.
- B. DUTIES AND POWERS – The affairs of the Corporation shall be governed by its Board of Directors in accordance with the Standards of Affiliation of PPFA. Directors shall ensure the financial stability through sound funding and support of development efforts, both as donors and as solicitors. Specific duties and responsibilities of the Board of Directors include:

- Election and removal of Officers and Directors;



- Evaluation of the Chief Executive Officer;
- Development and monitoring of the Corporation's programs, financial policies and budgets;
- Approval of the selection of an independent auditor and legal counsel;
- Review and acceptance of the annual audit, including the opportunity to meet with the auditor without staff members present;
- Communication of the mission of Planned Parenthood within the area served by the Corporation;
- Making a personal financial contribution to the Corporation
- Development and determination of policies for the sound operation of the Corporation including policies regarding:
  - funding diversification;
  - use of contributor lists;
  - fundraising activities;
  - diversity goals; and
  - financial management.

The Board of Directors shall ensure that the Corporation does not engage in any activity that will jeopardize the Corporation's federal tax exemption, including, specifically, that the Corporation does not attempt to influence legislation (except to the extent permitted by Section 501 (c)(3) or any succeeding or related section of the Internal Revenue Code), or participate or intervene in any political campaign of any candidate for public office.

The Board of Directors will ensure that the Corporation will not enter into any contract or other arrangement for the use of a facility that discriminates on the basis of age, race, color, religion, sex, national origin, age, sexual orientation, disability, income, marital status or other basis protected by applicable law.

The Board of Directors will work affirmatively to achieve a diverse Board of Directors and will not discriminate in the election of members of the Board of Directors on the basis of age, race, color, religion, sex, national origin, sexual orientation, disability, income or marital status.

No Board member, employee or volunteer shall use her or his position with the organization to further the manufacture, distribution, promotion or sale of any materials, products or service in which she or he has either a direct or indirect financial interest. No Board member, employee or volunteer shall accept any gift or gratuity from any

pharmaceutical firm or their supplier to the Corporation, or from any provider or potential provider of service to the Corporation, other than unconditional gifts of nominal value. No gifts of cash or cash equivalents are permitted.

- C. ELECTION AND TERM OF OFFICE – Directors shall be elected by the Board of Directors at the Annual Meeting and shall begin their term of office July 1 following the Annual Meeting. The initial members of the Board of Directors serve for the terms indicated in the Amended Articles of Incorporation filed on July 1, 2007. The Board of Directors should be broadly representative of the entire service area of the Corporation.

Except in the case of Directors elected to fill a vacancy in office, the term of office of Directors elected upon the expiration of a term of an initial Director shall be for three years. Directors may be elected to serve a second term. Upon completion of a second three-year term, Directors shall not be eligible for re-election until one year has elapsed, unless a Director is nominated to serve as an Officer, in which event said Director shall be eligible for re-election to serve one additional consecutive three-year term.

In the event the outgoing President of the Board of Directors has completed two consecutive terms, the term of office as a Director shall be extended for a period of one year.

- D. VACANCIES – Vacancies may be filled by the Board of Directors upon recommendation of the Nomination and Leadership Identification Committee. A Director elected to a non-filled Board position shall serve until the next Annual Meeting. A Director elected to fill a created vacancy shall serve until the completion of the vacated term. Those so elected may be re-elected for one full term.

A Director who misses three meetings in a calendar year will be subject to review by the Executive Committee.

## ARTICLE VI. – OFFICERS

- A. CATEGORIES OF ELECTED OFFICERS – The Corporation shall have a President, one or more Vice-Presidents, a Secretary, a Treasurer, and such other Officers as the Board of Directors may deem necessary.
- B. ELECTION AND TERM OF OFFICE – The initial Officers of the Corporation shall be those persons named in its Amended Articles of Incorporation filed on July 1, 2007, who shall serve for a term of one year. The Officers elected upon the expiration of the initial terms shall be elected by the Board of Directors at the Annual Meeting from a slate presented by the Nomination and Leadership Committee. Except for Officers elected to fill a vacancy in office, Officers shall be elected for a term of one year, beginning July 1 of the fiscal year following the Annual Meeting. No elected Officer shall hold the same office for more than two consecutive terms. Any vacancy in any office may be filled for the balance of the term by the Board of Directors upon recommendation of the Nomination and Leadership Committee. The Board of Directors may remove any Officer by a majority vote.



C. DUTIES OF ELECTED OFFICERS

1. PRESIDENT – The President shall preside at all meetings of the Board of Directors, Executive Committee, and Annual Meeting. The President shall perform such other duties as may be determined by the Board of Directors. The President shall appoint the Chairs of all committees except the Nomination and Leadership Committee and shall be a non-voting member of all committees. The President shall appoint and dissolve ad hoc committees as necessary. The President shall ensure the integrity of the Board process.
  2. VICE-PRESIDENTS – The Vice President(s) shall perform all duties of the President in the absence or the inability of the President to serve, or in the event of a vacancy in that office.
  3. TREASURER- The Treasurer shall be responsible for all custody of all funds and securities of the Corporation and the supervision of the disbursement of funds. An Assistant Treasurer, if needed, shall be elected by the Board of Directors, upon recommendation of the Nomination and Leadership Committee, and shall perform such duties and functions as the Treasurer may assign or delegate.
  4. SECRETARY – The Secretary shall record and keep the minutes of all meetings of the Board of Directors and of the Executive Committee.
- D. CHIEF EXECUTIVE OFFICER– The Board of Directors shall hire a Chief Executive Officer who shall be responsible to and who shall provide periodic reports to the Board of Directors. The Chief Executive Officer shall be responsible for the administration of the Corporation, including its policies, programs, staff and financial affairs. The Chief Executive Officer is solely responsible to the Board of Directors for the implementation of Board policies and all aspects of the Corporation's operation and shall also have other duties as may be prescribed by the Board of Directors.

The Chief Executive Officer shall report to the President and shall be annually evaluated in writing by the Board of Directors. The written evaluation and recommendation as to compensation will be submitted to the Board for approval.

ARTICLE VII. – EXECUTIVE COMMITTEE

- A. MEMBERSHIP – The Executive Committee shall consist of no less than four or more than 10 elected Directors and shall include Officers and Chairs of standing committees. The President shall serve as Chair and may appoint members at-large from the Directors. This selection is subject to approval of the Board of Directors. The outgoing President shall serve as a member of this committee for one year following completion of the term of office. The Chief Executive Officer shall serve as a non-voting member of this committee.
- B. FUNCTIONS AND POWERS – The Executive Committee shall have all authority of the Board of Directors, except the authority to fill vacancies on the Board. The Executive



Committee shall serve as the major advisory committee to the President and to the Chief Executive Officer.

- C. MEETINGS – The Executive Committee shall meet as necessary at the call of the President. The Secretary shall keep the minutes and make them available to the Board of Directors. Actions of the Executive Committee shall be reported to the Board of Directors.

#### ARTICLE VIII. – COMMITTEES

- A. NOMINATION AND LEADERSHIP COMMITTEE – The Nomination and Leadership Committee shall consist of five elected Directors, four of whom shall be nominated by the President and elected by the Board of Directors, with opportunity for nominations from the floor. One of the members of the Committee will be a person of color as well as other persons who reflect the Corporation's commitment to PPFA's Core Dimensions of Diversity. The Nomination and Leadership Committee members shall serve for no more than three consecutive years. The Chair shall be chosen by the President and appointed by the Board of Directors. The function of this committee shall be to:

1. Identify, cultivate and recruit new Directors to serve on the Board.
2. Orient new Directors to the organization and workings of the Board.
3. Engage new Board members as active participants.
4. Provide on-going education for new and existing Directors.
5. Plan for leadership succession.
6. Assess annually how the Board, individual Directors and the chair are functioning.
7. Recognize and celebrate progress and individual contributions to the Board.

- B. AUDIT COMMITTEE - The Audit Committee shall provide oversight of the Corporation's accounting policies, financial reporting and the annual audit. The Audit Committee shall include three members of the Board, including the Board Treasurer, and two individuals who are not members of the Board. The members of the Audit Committee shall include at least one member who is a financial expert. Members shall be nominated by the Treasurer and elected by the Board of Directors, with opportunity for nominations from the floor. The Audit Committee members shall serve for no more than three consecutive years. The Treasurer will serve as the Chair of the committee and will be exempt from the term limit for as long as he/she remains Treasurer. The Audit Committee shall meet at least four times a year and report to the Board of Directors. The functions of the committee shall include:

1. Recommend to the Board the selection of an independent audit firm and review the performance of the independent audit firm.

2. Meet with audit firm to review the annual audit and management letter.
  3. Report to the Board the results of the annual audit and recommend its approval or modification.
  4. Review internal financial statements at least quarterly and annually and report to the Board of Directors.
  5. Review accounting and financial policies to assure the adequacy of internal controls.
  6. Review compensation of executive level staff.
  7. Work with management to identify significant risks and exposures and assess management's steps to minimize them.
  8. Establish and oversee policies and processes to protect employees who report concerns about accounting or auditing irregularities and to investigate such reports.
  9. Report committee actions to the Board of Directors.
- C. AD HOC COMMITTEES – Ad Hoc Committees may be established and dissolved by the President when the Corporation would benefit from such committees. Activities of and recommendations from these committees shall be reported to the Board of Directors.

#### **ARTICLE IX. – INDEMNIFICATION OF DIRECTORS AND OFFICERS**

The Corporation shall indemnify to the full extent permitted by law against damages, judgments, settlements, cost, charges, and expenses incurred in connection with defense of any action, suit or proceeding or any appeal therefrom, any person or his or her personal representative, made, or threatened to be made, a party to such action, suit, or proceeding, whether civil or criminal, by reason of the fact that such person is or was a Director or Officer of the Corporation.

#### **ARTICLE X. – CREATION OF SUBGROUPS**

The Corporation can create subgroups to help promote the activities and purposes of the Corporation. All subgroups will act under the direction of the Board of Directors, which will be responsible for ensuring that all activities, programs, services and pronouncements of the subgroups are in conformity with PPFA Standards and Policies.

#### **ARTICLE XI. – PARLIAMENTARY PROCEDURE**

Robert's Rules of Order Revised shall govern the proceedings at all meetings of the Board of Directors to the extent that such rules do not conflict with law, the Articles of Incorporation, these By-laws, or resolutions adopted by the Board of Directors.

## **ARTICLE XII. – AMENDMENTS**

The Code of Regulations of the Corporation may be amended, and new Regulations may be adopted by the Directors at a meeting held for such purpose, by the affirmative vote of a majority of the Directors present at a meeting at which a quorum exists. Written notice shall be given at least two weeks in advance of the meeting.

## **ARTICLE XIII. – DISSOLUTION**

In the event of termination of the existence of the Corporation for any cause whatsoever, all assets and property over and above whatever may be required for the payment of just debts and obligations shall be vested in PPFA, or in another organization organized and operated for a similar qualified exempt purpose under section 501 (c)(3) of the Internal Revenue Code of 1954, as amended, as determined by the Board of Directors of the Corporation.

## **ARTICLE XIV. – TERMINATION OF AFFILIATION WITH PLANNED PARENTHOOD FEDERATION OF AMERICA**

In the event of the termination of affiliation with PPFA for any reason whatsoever, all requirements of the Standards of Affiliation in force at the time shall be complied with as to disposition of medical records of clinic patients, notification of patients, and discontinuance of the use of the name “Planned Parenthood.”

«AK3:860353\_v4»



ATTACHMENT TO  
ARTICLES OF INCORPORATION

Name of Corporation – Planned Parenthood of Northeast Ohio

ARTICLE THIRD:  
PURPOSES AND POWERS

Section 1 - Purposes.

(a) The Corporation is organized and shall be operated for the exclusive purpose of engaging in charitable, educational and scientific activities within the meaning of §501(c)(3) of the Internal Revenue Code of 1986, as amended, ("Code") (or the corresponding provision of any future United States internal revenue law), including for the following specific purposes:

(i) To provide quality comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual.

(ii) To advocate public policies which guarantee these rights and ensure access to such services.

(iii) To provide educational programs which enhance understanding of individual and societal implications of human sexuality.

(iv) To promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.

(v) To do whatever is deemed necessary, useful or conducive to carrying out any of the purposes of the corporation and to exercise all other authority enjoyed by corporations generally by virtue of the provisions of the Ohio Non-Profit Corporation Law.

(b) Notwithstanding any powers granted to this Corporation by its Articles of Incorporation, Code of Regulations or by the laws of the State of Ohio, the following limitations of powers shall apply and be paramount:

(i) No part of the net earnings of the Corporation shall inure to the benefit of any incorporator, member, trustee, director or officer of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation affecting one or more of its purposes and except to the extent that persons are beneficiaries of the Corporation's charitable purposes as herein defined), and no member, trustee, director or officer of the Corporation, or any private individual shall be entitled to share in the distribution of any of the Corporate assets on dissolution of the Corporation.

(ii) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation.

(iii) The Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

(iv) Notwithstanding any other provisions of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization (a) which is exempt under §501(c)(3) of the Code, or (b) contributions to which are deductible under §170(c)(2) or 2055(a) of the Code, or (c) gifts to which are deductible under §2522(a)(2) of the Code (or the corresponding provision of any future United States internal revenue law).

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY







# OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126

-Equal Opportunity Employer and Service Provider-

PHONE: 614/466-4143

FAX: 614/752-4836

E-MAIL: [exec@bop.state.oh.us](mailto:exec@bop.state.oh.us)

TTY/TDD Ohio Relay Service: 1-800/750-0750

URL: <http://www.state.oh.us/pharmacy/>

August 27, 2014

Timothy Kress, MD  
Planned Parenthood of Greater Ohio  
25350 Rockside Rd., Ste. 200  
Bedford Heights, OH 44146

Dear Dr. Kress:

Under authority granted by Rule 4729-9-06 of the Ohio Administrative Code, this letter authorizes you, Timothy Kress, MD, as the responsible person at Planned Parenthood of Greater Ohio, terminal distributor license number 02-1621400, to dispose of the unwanted controlled substances, on the conditions that:

1. You or your Board approved designee shall personally destroy the controlled substances at the location where they are stored or you shall personally witness the destruction of the controlled substances at a site licensed by the Board of Pharmacy for the purpose of dangerous drug incineration. In all instances, the drugs must be destroyed in the presence of a second licensed Ohio health care professional.
2. A record is made in duplicate, recording in detail the drugs destroyed and the location where they were destroyed, and is signed by the Physician destroying the drugs and the second health care professional witnessing such destruction.
3. The original copy of the form is retained at the clinic for a minimum of three (3) years.
4. The second copy is forwarded to the State Board of Pharmacy **via upload to our website, <http://pharmacy.ohio.gov>**. This action must be completed within thirty (30) days following destruction of the drugs. (From our main web page, click the Terminal Distributors Link, click on the Drug Destruction Form Upload, and follow the directions.)
5. A record of all controlled substances being destroyed must be recorded on a DEA 41 form in addition to the record that is being emailed to the Board Office. This form can be found on the DEA website. This form must be signed by you and the witnessing licensed health care professional. Please send completed copy to the DEA Office located at 500 S. Front Street, Suite 612, Columbus, Ohio 43215.

BY ORDER OF THE STATE BOARD OF PHARMACY

Yolanda A. Freeman, L.L.C. Secretary Supervisor

YAF:bte

Cc: Dawn V. Mitchell, USDOJ





Bradley Essex  
Ohio State Board of Pharmacy  
Secretary, Legal/Legislative/Compliance  
77 S. High St., Room 1702  
Columbus, OH 43215-6126  
phone: 614-466-4143  
fax: 614-752-4836

Tuesday, February 11, 2014

Dear Mr. Essex,

This letter is being sent to request the disposal of drugs:

Facility name: Planned Parenthood of Greater Ohio Surgical Services  
Address: 25350 Rockside Rd, Ste 200, Bedford Heights, OH 44146  
TDDD license # CL.021621400  
Responsible person on record: Dr. Timothy Kress, MD  
Professional license # 35.060555  
Name of health care professionals who will witness the destruction/disposal: Michelle Meredith, CNP  
RN.347535-COA and Dr Timothy Kress, MD 35.060555  
Name, strength, and quantity of drugs to be destroyed/disposed of: Dilaudid 2mg/mL IV, 3 boxes of 25  
single dose vials as well as one loose single dose vial (for a total of 76 single dose vials). Lot #121378, exp  
12/2013.

Thanks,

Michelle Meredith  
Planned Parenthood of Greater Ohio  
Regional Clinical Director of Surgical Services  
25350 Rockside Rd, Ste 200  
Bedford Heights, OH 44146  
Phone: 440-506-8561  
E-mail: m.meredith@ppneo.org

1 x Pref.

OK J.P.

re-sent 7/7/14



Bradley Essex  
Ohio State Board of Pharmacy  
Secretary, Legal/Legislative/Compliance  
77 S. High St., Room 1702  
Columbus, OH 43215-6126  
phone: 614-466-4143  
fax: 614-752-4836

Thursday July 2, 2014

Dear Mr. Essex,

This letter is being sent to request the disposal of drugs:

Facility name: Planned Parenthood of Greater Ohio Surgical Services  
Address: 3255 East Main Street, Columbus, OH 43213  
TDDD license # CL020265250  
Responsible person on record: Dr. Timothy Kress, MD  
Professional license # 35.060555  
Name of health care professionals who will witness the destruction/disposal: Michelle Meredith, CNP  
RN.347535-COA  
Name, strength, and quantity of drugs to be destroyed/disposed of: Hydrocodone 5mg/Acetaminophen  
500mg tablets, 406 tablets, Lot #0357U84214, original expiration date 6/2016, re-packaged expiration  
date 6/2014.

Thanks,

Michelle Meredith  
Planned Parenthood of Greater Ohio  
Regional Clinical Director of Surgical Services  
25350 Rockside Rd, Ste 200  
Bedford Heights, OH 44146  
Phone: 440-506-8561  
E-mail: m.meredith@ppneo.org







Planned Parenthood of Greater Ohio

444 W. Exchange St., Akron, Ohio 44302 - 330-535-2674

## FAX COVER SHEET

DATE: 7/7/14NUMBER OF PAGES INCLUDING COVER: 3

SENDER: <u>MICHELLE MEREDITH, CNP</u>	RECIPIENT: <u>OHIO STATE BOARD OF PHARMACY</u>
SENDER PHONE: <u>614-558-6096</u>	RECIPIENT PHONE: <u>614-466-4143</u>
SENDER FAX: <u>440-374-4969</u>	RECIPIENT FAX: <u>614-752-4836</u>

.....  

LETTERS TO FOLLOW BY MAIL.

Confidentiality Notice: The information contained in this message is confidential and privileged. This information is intended solely for the addressee. Access by anyone else is unauthorized. No confidentiality or privilege is waived or lost by mistransmission. If you are not the intended recipient, any forwarding, disclosure, copying, distribution, or other disclosing act is strictly prohibited. If you received this electronic message in error, please destroy it and notify the sender. Thank you.







DETACH HERE AND MAIL THIS PORTION WITH FEE TO:

**OHIO BOARD OF PHARMACY**

PO Box 711799  
Columbus, Ohio 43271-1799.

**TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS**  
**RENEWAL 01/01/2007 TO 12/31/2007**

**STATEMENT OF RESPONSIBLE PERSON**

*I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.*

**X**

SIGNATURE OF RESPONSIBLE PERSON

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OHIO PROFESSIONAL LICENSE NUMBER

IDENTIFICATION NUMBER  
02-1621400

AMOUNT DUE  
\$112.50

DATE DUE  
November 1, 2006

\$55 Late Fee Due After  
January 31, 2007

VERIFY BUSINESS PHONE  
216-961-8804

VERIFY FAX PHONE  
- -

OHIO DRUG CATEGORY: TWO  
PLANNED PARENTHOOD OF  
GREATER CLEVELAND - SOLON  
33790 BAINBRIDGE ROAD, SUITE 102  
SOLON OH 44139

CLASS: 09 CLINIC

Enter e-mail address: \_\_\_\_\_

Enter website address: \_\_\_\_\_

COUNTY: 18 CUYAHOGA  
RESPONSIBLE PERSON ON FILE: LASZLO SOGOR MD

**Legal questions on the BACK must be answered.**

- ☐ Please mark to indicate a change of address. Make the changes, including effective date of change, on the back of this form.
- ☐ Please verify phone numbers printed below. Make any corrections under the appropriate phone number.
- ☐ Please mark to indicate a change of responsible person. Complete information and sign on left. Print name and effective date on the back of this form.

**Please Make Check or Money Order Payable To:**  
**"TREASURER, STATE OF OHIO".**

01 02 1621400 11250

# LEGAL QUESTIONS: MUST BE ANSWERED.

YES ☐ NO ☒ Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):

YES ☐ NO ☒ Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official pharmacy board hearing, you do not have to resubmit those documents.

12072006 711799  
1 0001 001  
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1 ME 000011250

## REPORT ANY CHANGE OF ADDRESS OF FACILITY

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

EFFECTIVE DATE OF CHANGE OF ADDRESS

## PRINT NAME OF NEW RESPONSIBLE PERSON:

\_\_ R.Ph. \_\_ M.D. \_\_ D.O. \_\_ D.P.M. \_\_ D.V.M. \_\_ D.D.S.

\_\_ Other: \_\_\_\_\_

PRINT EFFECTIVE DATE: \_\_\_\_\_



DETACH HERE AND MAIL THIS PORTION WITH FEE TO:

## OHIO BOARD OF PHARMACY

PO Box 711799  
Columbus, Ohio 43271-1799.TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS  
RENEWAL 01/01/2008 TO 12/31/2008

## STATEMENT OF RESPONSIBLE PERSON

I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.

X

SIGNATURE OF RESPONSIBLE PERSON

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OHIO PROFESSIONAL LICENSE NUMBER

IDENTIFICATION NUMBER  
02-1621400AMOUNT DUE  
\$112.50

DATE DUE

November 1, 2007

\$55 Late Fee Due After

January 31, 2008

VERIFY BUSINESS PHONE  
216-961-8804VERIFY FAX PHONE  
- -

OHIO DRUG CATEGORY: TWO

PLANNED PARENTHOOD OF NORTHEAST OH  
33790 BAINBRIDGE ROAD, STE 101  
OLON OH 44139

CLASS: 09 CLINIC

Enter e-mail address:

l.sogor@ppneo.org

ENTER DEA NUMBER:

RESPONSIBLE PERSON ON FILE:

LASZLO

COUNTY: 18 CUYAHOGA  
SOGOR MD

## Legal questions on the BACK must be answered.

- ☐ Please mark to indicate a change of address. Make the changes, including effective date of change, on the back of this form.
- ☐ Please verify phone numbers printed below. Make any corrections under the appropriate phone number.
- ☐ Please mark to indicate a change of responsible person. Complete information and sign on left. Print name and effective date on the back of this form.

Please Make Check or Money Order Payable To:  
"TREASURER, STATE OF OHIO".

01 02 1621400 11250



# LEGAL QUESTIONS: MUST BE ANSWERED.

**YES** ☐ **NO** ☒ Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):

**YES** ☐ **NO** ☒ Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

*If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official pharmacy board hearing, you do not have to resubmit those documents.*

12100027 711739  
1 00003 001  
1621400 021621400  
1 ME 000011250

## REPORT ANY CHANGE OF ADDRESS OF FACILITY

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

EFFECTIVE DATE OF CHANGE OF ADDRESS

## PRINT NAME OF NEW RESPONSIBLE PERSON:

\_\_\_ R.Ph. \_\_\_ M.D. \_\_\_ D.O. \_\_\_ D.P.M. \_\_\_ D.V.M. \_\_\_ D.D.S.

\_\_\_ Other: \_\_\_\_\_

PRINT EFFECTIVE DATE: \_\_\_\_\_



DETACH HERE AND MAIL THIS PORTION WITH FEE TO:

## OHIO BOARD OF PHARMACY

PO Box 711799  
Columbus, Ohio 43271-1799.

TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS

RENEWAL 01/01/2009 TO 12/31/2009

## STATEMENT OF RESPONSIBLE PERSON

I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.

LASZLO SOGOR MD

X

SIGNATURE OF RESPONSIBLE PERSON

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OHIO PROFESSIONAL LICENSE NUMBER

IDENTIFICATION NUMBER

AMOUNT DUE

DATE DUE

\$55 Late Fee Due After

VERIFY BUSINESS PHONE

VERIFY FAX PHONE

CL . 021621400

\$112.50

December 4, 2008

January 31, 2009

Legal questions on the **BACK** must be answered.

- ☐ Please mark to indicate a change of address. Make the changes, including effective date of change, on the back of this form.
- ☐ Please verify phone numbers printed below. Make any corrections under the appropriate phone number.
- ☐ Please mark to indicate a change of responsible person. Complete information and sign on left. Print name and effective date on the back of this form.

Please Make Check or Money Order Payable To:  
"TREASURER, STATE OF OHIO".

PLANNED PARENTHOOD OF NORTHEAST OH  
33790 BAINBRIDGE ROAD, STE 101  
SOLON OH 44139

PLANNED PARENTHOOD OF NORTHEAST OH  
33790 BAINBRIDGE ROAD, STE 101  
SOLON OH 44139

0904767 \$112.50 ✓ need 12/18/08  
#024895 0004771121 11250 CLZZ 0021621400 02

## LEGAL QUESTIONS: MUST BE ANSWERED.

YES ☐ NO ☒ Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):

YES ☐ NO ☒ Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

*If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official pharmacy board hearing, you do not have to resubmit those documents.*

E-mail address : \_\_\_\_\_

DEA Number : \_\_\_\_\_

## REPORT ANY CHANGE OF ADDRESS OF FACILITY

☐ Mailing Address ☐ Location Address ☐ Both Addresses

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

EFFECTIVE DATE OF CHANGE

## PRINT NAME OF NEW RESPONSIBLE PERSON:

\_\_\_ R.Ph. \_\_\_ M.D. \_\_\_ D.O. \_\_\_ D.P.M. \_\_\_ D.V.M. \_\_\_ D.D.S.

\_\_\_ Other: \_\_\_\_\_

PRINT EFFECTIVE DATE: \_\_\_\_\_





DETACH HERE AND MAIL THIS PORTION WITH FEE TO:  
**OHIO STATE BOARD OF PHARMACY**

PO Box 711799  
COLUMBUS, OHIO 43271-1799

**TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS**  
**RENEWAL 01/01/2010 TO 12/31/2010**

**STATEMENT OF RESPONSIBLE PERSON**

*I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.*

**RP CURRENTLY ON FILE :**

**LASZLO SOGOR MD**

**X**

SIGNATURE OF RESPONSIBLE PERSON and TITLE

DATE

11/4/09

**LEGAL QUESTIONS: MUST BE ANSWERED.**

**YES** ☐ **NO** ☒ Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):

**YES** ☐ **NO** ☒ Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official Ohio pharmacy board hearing, you do not have to resubmit those documents.

**Please Make Check/Money Order Payable To: "TREASURER, STATE OF OHIO".**

**IDENTIFICATION NUMBER**

**CL . 021621400**

**AMOUNT DUE**

**\$112.50**

**DATE DUE**

**November 24, 2009**

**\$55 Late Fee Due After**

**January 31, 2010**

**VERIFY BUSINESS PHONE**

**(216) 961-8804**

**VERIFY FAX PHONE**

**Class: Clinic - Category Two**

**Mailing Address: County: Cuyahoga**

**PLANNED PARENTHOOD OF NORTHEAST OH**

**33790 BAINBRIDGE ROAD, STE 101**

**OLON OH 44139**

**Physical Location Address: County: Cuyahoga**

**PLANNED PARENTHOOD OF NORTHEAST OH**

**33790 BAINBRIDGE ROAD, STE 101**

**OLON OH 44139**

0004771121

11250

CLZZ 0021621400 02

**REPORT CHANGE OF PHYSICAL LOCATION ADDRESS (No PO Boxes)**

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

EFFECTIVE DATE OF CHANGE OF ADDRESS

Print e-mail address: \_\_\_\_\_

Print website address: \_\_\_\_\_

**REPORT CHANGE OF MAILING ADDRESS**☐Check here if new mailing address is same as the new physical location address.  
If you are reporting only a change of mailing address enter new information below.

STREET

STREET

CITY

STATE

ZIP CODE

EFFECTIVE DATE OF CHANGE OF MAILING ADDRESS

**PRINT NAME OF NEW RESPONSIBLE PERSON:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Professional License Number (if applicable): \_\_\_\_\_

Check Title:

\_\_\_ R.Ph. \_\_\_ M.D. \_\_\_ D.O. \_\_\_ D.P.M. \_\_\_ D.V.M. \_\_\_ D.D.S.

\_\_\_ Other: \_\_\_\_\_

11232009 711789  
00047711210021621400  
4 NE 000011250



DETACH HERE AND MAIL THIS PORTION WITH FEE TO:  
**OHIO STATE BOARD OF PHARMACY**

PO Box 711799  
COLUMBUS, OHIO 43271-1799

**TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS**  
**RENEWAL 01/01/2011 TO 12/31/2011**

**STATEMENT OF RESPONSIBLE PERSON**

*I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.*

RP CURRENTLY ON FILE :

**LASZLO SOGOR MD**

X

SIGNATURE OF RESPONSIBLE PERSON and TITLE

DATE

**ANSWER LEGAL QUESTIONS TO THE RIGHT. FAILURE TO DO SO WILL CAUSE YOUR RENEWAL APPLICATION TO BE RETURNED & DELAY THE RENEWAL OF THIS LICENSE.**

**LEGAL QUESTIONS: MUST BE ANSWERED.**

YES ☐ NO ☒ Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):

YES ☐ NO ☒ Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

YES ☐ NO ☒ If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

**Please Make Check/Money Order Payable To: "TREASURER, STATE OF OHIO".**

IDENTIFICATION NUMBER

AMOUNT DUE

DATE DUE

\$55 Late Fee Due After VERIFY BUSINESS PHONE

VERIFY FAX PHONE

**CL . 021621400**

**\$112.50**

November 18, 2010

January 31, 2011

**(216) 961-8804**

Class: **Clinic - Category Two**

Mailing Address: County: **Cuyahoga**

**PLANNED PARENTHOOD OF NORTHEAST OH**

**33790 BAINBRIDGE ROAD, STE 101**

**OLON OH 44139**

Physical Location Address: County: **Cuyahoga**

**PLANNED PARENTHOOD OF NORTHEAST OH**

**33790 BAINBRIDGE ROAD, STE 101**

**OLON OH 44139**

0004771121

11250

CLZZ 0021621400 02



**REPORT CHANGE OF PHYSICAL LOCATION ADDRESS (No PO Boxes)**

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

EFFECTIVE DATE OF CHANGE OF ADDRESS

Print e-mail address: Print website address: **REPORT CHANGE OF MAILING ADDRESS**☐ Check here if new mailing address is same as the new physical location address.  
If you are reporting only a change of mailing address enter new information below.

STREET

STREET

CITY

STATE

ZIP CODE

EFFECTIVE DATE OF CHANGE OF MAILING ADDRESS

**PRINT NAME OF NEW RESPONSIBLE PERSON:**Name: Title:  Effective Date: Social Security Number:  Date of Birth: Professional License Number (if applicable): 

Check Title:

☐ R.Ph. ☐ M.D. ☐ D.O. ☐ D.P.M. ☐ D.V.M. ☐ D.D.S.☐ Other:



DETACH HERE AND MAIL THIS PORTION WITH FEE TO: TERMINAL DISTRIBUTION OF LICENSES  
**OHIO STATE BOARD OF PHARMACY**  
PO Box 711799  
Columbus, Ohio 43271-1799

**RENEWAL 01/01/2012 TO 12/31/2012**

**STATEMENT OF RESPONSIBLE PERSON**

*I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.*

RP CURRENTLY ON FILE : **SARAH K. SMITH MD**

**X**

SIGNATURE OF RESPONSIBLE PERSON and TITLE

DATE

11/21/11

**ANSWER LEGAL QUESTIONS TO THE RIGHT. FAILURE TO DO SO WILL CAUSE YOUR RENEWAL APPLICATION TO BE RETURNED & DELAY THE RENEWAL OF THIS LICENSE.**

**LEGAL QUESTIONS: MUST BE ANSWERED.**

**YES NO** Within the past 18 months: does the responsible person or owner(s), or any agent or  
☐ ☒ employee of the responsible person/owner(s), or any officer of the corporation, have  
criminal charges pending or have a conviction of a felony or a misdemeanor (even if  
sealed or expunged)? If yes, print name(s): \_\_\_\_\_

**YES NO** Within the past 18 months: has the responsible person or owner(s), or any agent or  
☐ ☒ employee of the responsible person/owner(s), or any officer of the corporation, been  
the subject of disciplinary action by any state or federal agency? If yes, print name(s): \_\_\_\_\_

**YES NO** If "YES" to either of the above, has documentation ever been submitted to the Ohio  
☐ ☒ Board of Pharmacy? [Documentation is a certified copy of the charging instrument  
and the final judgment entry for each occurrence. Ohio Board of Pharmacy action  
against a licensee does not require that documentation be submitted.]

**Please Make Check/Money Order Payable To: "TREASURER, STATE OF OHIO".**

**IDENTIFICATION NUMBER**

**AMOUNT DUE**

**DATE DUE**

**\$55 Late Fee Due After**

**VERIFY BUSINESS PHONE**

**VERIFY FAX PHONE**

**CL . 021621400**

**\$112.50**

**December 1, 2011**

**January 31, 2012**

**(216) 961-8804**

**Class: Clinic - Category Two**

**Mailing Address: County: Cuyahoga**

**PLANNED PARENTHOOD OF NORTHEAST OHIO**

**25350 ROCKSIDE ROAD**

**BEDFORD HEIGHTS OH 44146**

**Physical Location Address: County: Cuyahoga**

**PLANNED PARENTHOOD OF NORTHEAST OHIO**

**25350 ROCKSIDE ROAD**

**BEDFORD HEIGHTS OH 44146**

0004771121

11250

CLZZ 0021621400 02

**REPORT CHANGE OF PHYSICAL LOCATION ADDRESS (No PO Boxes)**

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

EFFECTIVE DATE OF CHANGE OF ADDRESS

Print e-mail address: \_\_\_\_\_

Print website address: \_\_\_\_\_

**REPORT CHANGE OF MAILING ADDRESS**☐Check here if new mailing address is same as the new physical location address.  
If you are reporting only a change of mailing address enter new information below.

STREET

STREET

CITY

STATE

ZIP CODE

EFFECTIVE DATE OF CHANGE OF MAILING ADDRESS

**PRINT NAME OF NEW RESPONSIBLE PERSON:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Professional License Number (if applicable): \_\_\_\_\_

Check Title:

\_\_\_ R.Ph. \_\_\_ M.D. \_\_\_ D.O. \_\_\_ D.P.M. \_\_\_ D.V.M. \_\_\_ D.D.S.

\_\_\_ Other: \_\_\_\_\_



**STATEMENT OF RESPONSIBLE PERSON**

*I declare under penalties of falsification that this renewal application is true, correct, and complete and, if the registration or license applied for is granted, I hereby submit to the jurisdiction of the Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapter 4729. of the Ohio Revised Code.*

RP CURRENTLY ON FILE :

~~MICHELLE ISLEY MD~~

X Tina S. Krus

11/2/13  
DATE

SIGNATURE OF RESPONSIBLE PERSON and TITLE

**ANSWER LEGAL QUESTIONS TO THE RIGHT. FAILURE TO DO SO WILL CAUSE YOUR RENEWAL APPLICATION TO BE RETURNED & DELAY THE RENEWAL OF THIS LICENSE.**

**YES NO** Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s): \_\_\_\_\_

**YES NO** Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s): \_\_\_\_\_

**YES NO** If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

**Please Make Check/Money Order Payable To: "TREASURER, STATE OF OHIO".**

IDENTIFICATION NUMBER

**CL . 021621400**

AMOUNT DUE

**\$150.00**

DATE DUE

November 22, 2013

\$55 Late Fee Due After

January 31, 2014

VERIFY BUSINESS PHONE

**(216) 961-8804**

VERIFY FAX PHONE

Class: **Clinic - Category Three**

Mailing Address: County: Cuyahoga

**PLANNED PARENTHOOD OF GREATER OHIO  
MAILING ADDRESS ONLY - NOT PHYSICAL LOCATION  
206 EAST STATE STREET  
COLUMBUS OH 43215**

Physical Location Address: County: Cuyahoga

**PLANNED PARENTHOOD OF GREATER OHIO  
25350 ROCKSIDE ROAD  
BEDFORD HEIGHTS OH 44146**

0004771121

15000

CLZZ 0021621400 0003



☒ I, Timothy Kress, MD, personally destroyed the following controlled substances at the location where they are stored, 25350 Rockside Rd, Ste 200, Bedford Heights, OH 44146, or

☐ I, Timothy Kress, MD, personally witnessed the destruction of the controlled substances at a site licensed by the Board of Pharmacy for the purpose of dangerous drug incineration.

This was done in the presence of a second licensed Ohio health care professional, Michelle Meredith, CNP, and a third licensed Ohio health care professional, Elizabeth Conn, RN.

Name, strength, and quantity of drugs destroyed:

Dilaudid 2mg/mL IV, 3 boxes of 25 single dose vials as well as one loose single dose vial (for a total of 76 single dose vials). Lot #121378, exp 12/2013.

Signed:

Timothy S Kress

Dr Timothy Kress, MD

8/14/14

Date

Michelle Meredith CNP

Michelle Meredith, CNP

8/14/14

Date

E/Conn RN

Elizabeth Conn, RN

8/14/14

Date

☒ Copy to PPGOH Surgical Services, Bedford Heights for 3 years

☒ Copy to Ohio Board of Pharmacy via e-mail to [drug.destruction@bop.ohio.gov](mailto:drug.destruction@bop.ohio.gov) in .pdf format within 30 days following destruction of the drugs

☒ Signed and completed DEA 41 form sent to DEA Office, 500 S Front St, Suite 612, Columbus, Ohio 43215



OMB Approval No. 1117 - 0007	U. S. Department of Justice / Drug Enforcement Administration <b>REGISTRANTS INVENTORY OF DRUGS SURRENDERED</b>	PACKAGE NO.
---------------------------------	--	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below.)

Planned Parenthood of Greater Ohio  
25350 Rockside Rd, Suite 200  
Bedford Heights, OH 44146

Signature of applicant or authorized agent

*Tammy S. K...*

Registrant's DEA Number

Registrant's Telephone Number  
(440) 232-9732

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
Registrants will fill in Columns 1,2,3, and 4 ONLY.						
1 Dilaudid 2mg/mL, 1mL single dose vials	76	2mg	2mg			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
Registrants will fill in Columns 1,2,3, and 4 ONLY.						
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in N/A packages purporting to contain the drugs listed on this inventory and have been: ~~\*\* (1) Forwarded tape-sealed without opening;~~  
 (2) Destroyed as indicated ~~and the remainder forwarded tape-sealed after verifying contents;~~ (3) ~~Forwarded tape-sealed after verifying contents.~~  
 THE REGISTRANT DESTROYED THE ABOVE DRUGS IN ACCORDANCE WITH THE ENCLOSED COMMUNICATION FROM THE OHIO BOARD OF PHARMACY.

DATE 8/14/14 DESTROYED BY: Timothy S. Krueger

\*\* Strike out lines not applicable.

WITNESSED BY: Matthew C. P. / [Signature]

### INSTRUCTIONS

- DO NOT SEND DRUGS TO ANY DRUG ENFORCEMENT ADMINISTRATION (DEA) OFFICE WITHOUT PRIOR WRITTEN APPROVAL.** Drugs are to be destroyed by: (1) shipment to a reverse distributor registered by DEA (may not require the use of this form); (2) the registrant, according to state and local laws, rules and regulations; or (3) the specific instructions of your area Drug Enforcement Office.
- List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32mg.), etc.
- All packages included on a single line should be identical in name, content and controlled substance strength.

### PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project no. 1117-0007, Washington, D.C. 20503.



STATE OF  
**OHIO**  
BOARD OF PHARMACY

OHIO PHARMACY BOARD

MAR 31 2017

H. MISCHKA

## TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE

Complete the form then sign and date. Make a copy for your file. Mail, fax or e-mail the original to the Board office. You WILL NOT be mailed a new license – cross off old RP and sign current license.

*Any change of responsible person must be reported within 30 days and an inventory of all controlled substances shall be taken at the time of change with the new responsible person. OAC 4729-5-11*

-- THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL --

Terminal Distributor Name <b>PLANNED PARENTHOOD OF GREATER OHIO</b>		License # <b>02</b> <b>CL.021621400-03</b>
Street Address, City, State, Zip Code <b>25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146</b>		<input type="checkbox"/> Check box if additional EMS Satellite locations apply list TODD(s) and names on separate sheet.
Area Code / Phone # <b>330/535-2674, Ext.1141</b>	Area Code / Fax # <b>330/706-6470</b>	E-mail Address: <b>Holly.Myers@ppoh.org</b>

ORC 4729.55(B) requires that "a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the State of Ohio Board of Pharmacy under section 4729.531 of the Revised Code, or a laboratory as defined in section 3719.01 of the Revised Code will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant".

Full Name of New Responsible Person <b>ADARSH KRISHEN MD</b>		Effective Date <b>04/01/2017</b>
Title <b>CHIEF MEDICAL OFFICER</b>	Date Of Birth [mm/dd/yyyy] [REDACTED]	Social Security # (SSN) [REDACTED]
Professional Licensure <input type="checkbox"/> RPh <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DVM <input type="checkbox"/> OTHER:		Professional License # (if applicable) <b>35055906</b>

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Do you, as the person accepting responsibility by signing this form, have a record of arrest or charges pending or have a conviction of a felony, misdemeanor or traffic violation (even if expunged, dismissed or sealed) or the equivalent in another jurisdiction?
	FOR TRAFFIC VIOLATIONS: CHECK YES - Charge(s) for traffic offenses such as OVI (also referred to as OMVI, DUI or DWI [driving/operating a motor vehicle under the influence]), failure to stop after an accident (also referred to as "hit skip"), operation of a vehicle in willful or wanton disregard of the safety of persons or property (also referred to as "reckless operation"), having physical control of vehicle while under the influence and driving under suspension – even if the charge was ultimately reduced or plead to a different offense other than the original charge.
	DO NOT CHECK YES - Parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired registration.

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action (or any pending action) by any state or federal agency; even if subsequently dismissed or resolved without formal discipline?
---	---



\*020263200\*

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | [new.license@pharmacy.ohio.gov](mailto:new.license@pharmacy.ohio.gov) | [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)





<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES to either above, has the explanation of charges already been filed with the Board? If NO, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed. Send a certified copy of the charging instrument and the final judgment entry for each occurrence.  If YES, it is not necessary to file again.
--	---

**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</b> of New Responsible Person	3-20-2017 _____ <b>DATE SIGNED</b>
--	--

If you are currently responsible for a Terminal Distributor license and need removed from that location, please include location name and Terminal Distributor number of the location to be removed from below:

Responsible Person Name: <b>TIMOTHY S. KRESS MD</b>	License Number: <b>35060555</b>
Terminal Distributor Name <b>PLANNED PARENTHOOD OF GREATER</b>	License Number # 02 - <b>CL.021621400-03</b>

## Mischka, Hope

---

**From:** Akella, Anisha <Anisha.Akella@ppoh.org>  
**Sent:** Tuesday, March 21, 2017 2:30 PM  
**To:** PRX New.License; Southard, Karrie  
**Cc:** Myers, Holly; Krishen, Adarsh  
**Subject:** Terminal Distributor Change of Responsible Person Notice - Planned Parenthood of Greater Ohio  
**Attachments:** Akron.pdf; Athens.pdf; BedfordHeights.pdf; BedfordHeightsSurgical.pdf; Canton.pdf; Cleveland1.pdf; Cleveland2.pdf; Delaware.pdf; EastColumbus.pdf; Franklinton.pdf; Kent.pdf; Lorain.pdf; Mansfield.pdf; Medina.pdf; NorthColumbus.pdf; RockyRiver.pdf; Toledo.pdf; Warren.pdf; Wooster.pdf; Youngstown.pdf

Good Afternoon,

There has been a change of responsible person across 20 health centers (18 Category Two & 2 Category Three) at Planned Parenthood of Greater Ohio.  
Please find attached 20 "Terminal Distributor Change of Responsible Person Notices" tied to each of these centers. Additionally, could you provide us with a receipt for the same?

Thank you very much  
I hope you have a wonderful day!

Regards,  
Anisha



Anisha Akella Naga Venkata | Risk & Quality Management Coordinator  
Planned Parenthood of Greater Ohio | Akron  
444 West Exchange Street | Akron, OH 44302  
Cell: 330-541-0545 | Office: 330-535-2674, Ext. 4929  
Visit us online at: [www.ppgoh.org](http://www.ppgoh.org)

**Date Posted: 11/1/2012 1:01:56 PM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number CL.021621400-03  
License Name PLANNED PARENTHOOD OF GREATER OHIO

**Fees**

Relicensure Fee \$150.00  
=====

Total Fees	\$150.00
------------	----------

**General**

1. Is the business name of the licensee on the paper renewal application correct?  
..... YES

**General 2**

1. Has there been a change in the ownership of this business?  
..... NO

**General 3**

1. Is the Category for this license correct? This information is located on the top of the paper renewal application beside "Class:." Answer NO if you no longer store controlled substances.  
..... YES

**General 4**

1. Are both the Mailing Address and the Physical Location Address on the paper renewal application correct?  
..... YES

**General 5**

1. Is the Responsible Person on the paper renewal application correct?  
..... YES

**Social Security Number**



1. Enter the Federal Tax ID Number (EIN) for this business. Enter numbers only (no hyphens). This number must be entered.

.....

**Legal Questions**

1. Within the last 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)?

..... NO

2. Within the last 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

..... NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below.  
If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

..... N/A

**DEA Number**

1. Enter your federal DEA number here.

.....

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 1/27/2015 11:07:22 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number CL.021621400-03  
License Name PLANNED PARENTHOOD OF GREATER OHIO

**Fees**

Relicensure Fee \$150.00  
=====

Total Fees **\$150.00**

**General**

1. Is the business name of the licensee on the paper renewal application correct?  
..... YES

**General 2**

1. Has there been a change in the ownership of this business?  
..... NO

**General 3**

1. Is the Category for this license correct? This information is located on the top of the paper renewal application beside "Class:." Answer NO if you no longer store controlled substances.  
..... YES

**General 4**

1. Are both the Mailing Address and the Physical Location Address on the paper renewal application correct?  
..... YES

**General 5**

1. Is the Responsible Person on the paper renewal application correct?  
..... YES

**OARRS Questions**

1. Does this license location dispense any controlled substances to any outpatients (even if only one dose/sample)? This includes medications dispensed for a patient to use at home by:

- community pharmacies
- prescribers
- employee Rxs
- hospital discharge Rxs
- ER meds

..... NO

### Social Security Number

1. Enter the Federal Tax ID Number (EIN) for this business. Enter numbers only (no hyphens). This number must be entered.

.....

### Legal Questions

1. Within the last 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)?

..... NO

2. Within the last 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

..... NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

..... N/A

### DEA Number

1. Enter your federal DEA number here.



.....

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 2/9/2016 4:43:19 PM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number CL.021621400-03  
License Name PLANNED PARENTHOOD OF GREATER OHIO

**Fees**

Relicensure Fee \$150.00  
=====

Total Fees **\$150.00**

**DEA Number**

**General**

1. Is the business name of the licensee on the renewal notice correct?  
..... YES

**General 2**

1. Has there been a change in the ownership of this business?  
..... NO

**General 3**

1. Is the Category for this license correct? This information is located on the renewal notice beside "Class:." Answer NO if you no longer distribute controlled substances.  
..... YES

**General 4**

1. Is the Responsible Person on the renewal notice correct?  
..... YES

**OARRS TDDD Questions**

1. Ohio Administrative Code 4729-37-03 and 4729-37-07 require the dispensing of all outpatient prescriptions (even one dose) for controlled substances to the Ohio Automated Rx Reporting System.

Select an option that applies to this license:

I am exempt from reporting to the Ohio Automated Rx Reporting System because:

..... I do not dispense or personally furnish actual drug products to outpatients

### DDD Legal 1

1. Within the last 18 months: does the responsible person or owner(s), or any agent or any employee of the location being licensed, or any officer of the corporation, have a record of arrest or criminal charges pending or have a conviction of a felony, misdemeanor, or traffic violation (even if sealed or expunged)?

..... NO

2. Within the last 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

..... NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

..... N/A

1. Enter your federal DEA number here.

..... 

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 2/25/2017 8:58:59 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**Address Information**

CREDENTIAL MAIL ADDRESS

MAILING ADDRESS ONLY - NOT  
PHYSICAL LOCATION  
206 EAST STATE STREET  
COLUMBUS, OH 43215  
Cuyahoga County  
(216) 961-8804  
holly.myers@ppoh.org

MAIN

25350 ROCKSIDE ROAD  
BEDFORD HEIGHTS, OH 44146  
Cuyahoga County  
(216) 961-8804  
holly.myers@ppoh.org

**License Information**

License Number

CL.021621400-03

License Name

PLANNED PARENTHOOD OF GREATER OHIO

**Fees**

Relicensure Fee

\$150.00

=====

Total Fees **\$150.00**

**General**

1. Is the business name of the licensee on the renewal notice correct?

..... YES

**General 2**

1. Has there been a change in the ownership of this business?

..... NO

**General 3**



1. Is the Category for this license correct? This information is located on the renewal notice beside "Class:." Answer NO if you no longer distribute controlled substances.

..... YES

#### General 4

1. Is the Business Type for this license correct? This information is located on the renewal notice beside "Business Type:". If not, select a business type from the list below.

..... {not Answered}

2. In the space below, write a brief narrative of this license's business model.

..... essential community provider

#### General 5

1. Is the Responsible Person on the renewal notice correct?

..... YES

#### OARRS TDDD Questions

1. Ohio Administrative Codes 4729-37-03 and 4729-37-07 require the reporting of all outpatient prescriptions (even one dose) for controlled substances and gabapentin to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs.

Mark the situation which matches your license:

..... 3) This licensee does NOT dispense ANY controlled substances or gabapentin to outpatients (exempt)

#### DDD Legal 1

1. Within the last 18 months: does the applicant, responsible person or owner(s), or any agent or any employee of the location being licensed, or any officer of the corporation, have a record of arrest or criminal charges pending or have a conviction of a felony, misdemeanor, or traffic violation (even if sealed or expunged)?

..... NO

2. Within the last 18 months: has the applicant, responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

..... NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}


4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

..... N/A

#### DEA Number

1. Enter your federal DEA number here.

..... 

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 2/6/2018 4:14:26 PM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number CL.021621400-03  
License Name PLANNED PARENTHOOD OF GREATER OHIO

**Fees**

Relicensure Fee \$220.00  
=====

Total Fees	\$220.00
------------	----------

**General**

1. Is the business name of the licensee on the renewal notice correct?  
..... YES

**General 2**

1. Has there been a change in the ownership of this business?  
..... NO

**General 3**

1. Is the Category for this license correct? This information is located on the renewal notice beside "Class:." Answer NO if you no longer distribute controlled substances.  
..... YES


**General 5**

1. Is the Responsible Person on the renewal notice correct?  
..... YES

**Address Verification**

1. Is the address listed on the renewal notice the correct physical location of this license?  
..... YES

**Business Information**

1. Legal Name (name of the business as it appears on the certificate of incorporation, charter, bylaws, partnership agreement or other official document)  
..... PLANNED PARENTHOOD OF GREATER OHIO
2. DBA/Trade Name/Fictitious Name  
..... PLANNED PARENTHOOD OF GREATER OHIO
3. Form of Organization  
..... Corporation
4. State of Incorporation or Formation  
..... Ohio
5. Charter, Entity or Registration Number with the state listed above  
..... 352111
6. Federal Tax ID (FEIN) or Social Security Number if Sole Proprietorship  
..... 

### Compounding Questionnaire

1. Do you perform non-sterile compounding per USP Chapter 795?  
..... NO
2. If yes to question 1, indicate the highest non-sterile compounding type you perform? See below for link to definitions.  
..... {not Answered}
3. If yes to question 1, do you compound “hazardous drug” non-sterile products per USP Chapter 800?  
..... {not Answered}
4. Do you perform sterile compounding per USP Chapter 797?  
..... NO
5. If yes to question 4, indicate the highest sterile compounding type you perform? See below for link to definitions.  
..... {not Answered}
6. If yes, to question 4, do you compound “hazardous drug” sterile products per USP Chapter 800?  
..... {not Answered}
7. Do you purchase compounded drugs from FDA registered outsourcing facilities?  
..... {not Answered}
8. Do you order patient specific compounded drugs from pharmacies to give to patients to take home and use later?  
..... {not Answered}



**OARRS TDDD Questions**

1. Ohio Administrative Codes 4729-37-03 and 4729-37-07 require the reporting of all outpatient prescriptions (even one dose) for controlled substances (CS) and gabapentin to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs.

Mark the situation which matches your license:

..... 3) This licensee does NOT dispense ANY controlled substances or gabapentin to outpatients (exempt)

**DDD Applicant Legal**

1. In the last 18 months, has the APPLICANT 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.  
..... NO
2. In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, any other felony under state or federal law?  
..... NO
3. In the last 18 months, has the APPLICANT 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.  
..... NO
4. In the last 18 months, has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?  
..... NO
5. In the last 18 months, has the APPLICANT 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?  
..... NO
6. In the last 18 months, has the APPLICANT 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 applicant's license or registration?  
..... NO
7. In the last 18 months, has the APPLICANT 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 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?

..... NO

### **DDD Responsible Person Legal**

1. In the last 18 months, has the RESPONSIBLE PERSON been charged with and/or convicted of 2 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?

..... NO

2. In the last 18 months, 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.

..... NO

3. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?

..... NO

4. In the last 18 months, 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.

..... NO

5. In the last 18 months, 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.)?

..... NO

6. In the last 18 months, 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?

..... NO

7. In the last 18 months, 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?

..... NO

- 8.

In the last 18 months, 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?

..... NO

9. In the last 18 months, 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?

..... NO

10. In the last 18 months, 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?

..... NO

11. In the last 18 months, 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?

..... NO

#### DEA Number

1. Enter your federal DEA number here.

..... 

#### ElectronicSignature

1. Name of the person completing this application

..... Holly Myers

2. Title of the person completing this application

..... Director RQM

3. Date of Birth or Last 4 of Social Security Number of the person completing this application

..... 

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**



**Submission Date and Time:** 2/26/2019 1:44 PM

# License Renewal Application

## License Type - Terminal - Clinic - Category 3

### Business Information

Provide the necessary business information in the fields to the right.

Business Name

PLANNED PARENTHOOD OF GREATER OHIO

Doing Business As

No Response

Registered As

Corporation

Website

No Response

Business Email

[holly.myers@ppoh.org](mailto:holly.myers@ppoh.org)

Business Fax Number

No Response

Business Phone Number

(614) 404-0219

Primary Contact First Name

Holly

Primary Contact Last Name

Myers

Primary Contact Phone Number

(614) 404-0219

Primary Contact Email

[holly.myers@ppoh.org](mailto:holly.myers@ppoh.org)

### License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click SAVE.

206 EAST STATE STREET

COLUMBUS

OH

43215

United States

## Secondary Email Address

If relevant, please enter a secondary email address.

Secondary Email Address:

## Questions

Answer the following questions by selecting the applicable option (Yes/No, drop down list, or entering text) for each question. Once completed, click Save and Continue. Please read the following questions about criminal and disciplinary history carefully. Failure to completely and accurately answer the questions may result in criminal and/or administrative action for making false material statements in an application for licensure. For more guidance on legal and compliance questions please visit our website at - [www.pharmacy.ohio.gov/legalbusiness](http://www.pharmacy.ohio.gov/legalbusiness).

Question - Is the business name of the licensee on the renewal notice correct?

Answer - Yes

Question - Has there been a change in the ownership of this business?

Answer - No

Question - Is the Category for this license correct?

Answer - Yes

Question - Is the address for this location correct?

Answer - Yes

Question - Is the Responsible Person on the renewal notice correct?

Answer - Yes

Question - In the space below, write a brief narrative of this license's business model.

Answer - ambulatory surgery center providing reproductive healthcare

Question - Enter your federal DEA number here.

Answer - XXXXXXXXXX

Question - Ohio Administrative Codes 4729-37-03 and 4729-37-07 require the reporting of all outpatient prescriptions (even one dose) for controlled substances and gabapentin to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs. Note: If you select option 2, 3 or 4, you do not need to send an Exemption Request form to OARRS. Select from the list that the description that applies to

this license:

Answer - 3. This licensee does NOT dispense ANY controlled substances or gabapentin to outpatients (exempt)

Question - In the last 18 months, has the APPLICANT 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).

Answer - No

Question - In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Answer - No

Question - In the last 18 months, has the APPLICANT 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.

Answer - No

Question - In the last 18 months, has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

Answer - No

Question - In the last 18 months, has the APPLICANT 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?

Answer - No

Question - In the last 18 months, has the APPLICANT 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 applicant's license or registration?

Answer - No

Question - In the last 18 months, has the APPLICANT 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 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?

Answer - No

Question - In the last 18 months, 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?

Answer - No

Question - In the last 18 months, 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).

Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Answer - No

Question - In the last 18 months, 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.

Answer - No

Question - In the last 18 months, 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.)?

Answer - No

Question - In the last 18 months, 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?

Answer - No

Question - In the last 18 months, 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?

Answer - No

Question - In the last 18 months, 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?

Answer - No

Question - In the last 18 months, 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?

Answer - No

Question - In the last 18 months, 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?

Answer - No

Question - In the last 18 months, 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?

Answer - No

## **Attachments**

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - Applicant Attestation

Description - Signed Applicant Attestation. A copy of the form may be found here.

Attached file - Responsible Person Renewal Attestation Form - Feb 2019.pdf

Title - Responsible Person Attestation

Description - Signed Responsible Person Attestation. A copy of the form may be found here.

Attached file - Terminal Distributor Renewal Attestation Form - Feb 2019.pdf

## **Review + Submit**

Once the review has been processed, the license application will be completed.

Application Review - Completed

## **Attestation**

I declare under penalties of falsification as set forth in Chapters 2921. And 4729. of the Ohio Revised Code

that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license is applied for is granted, the license-holder 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., and 4729. of the Ohio Revised Code and all related laws and rules. I fully understand that submission of this application with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4729.26 of the Ohio Revised Code.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 2/26/2019 1:44 PM

Type your First Name and Last Name as they appear on the application to sign electronically.

Holly Myers

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY**

**OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## **Terminal Distributor or Drug Distributor Application or Renewal Attestation Form**


*To be used by Terminal Distributor or Drug Distributor\* applicants ONLY. This form must be submitted with an application or license renewal in the eLicensing system.*

**Part 1 – Applicant Information** - *To be completed by the applicant (person who may legally sign for the business).*

<b>First Name</b> Holly	<b>Last Name</b> myers
<b>Date of Birth</b> [REDACTED]	<b>Social Security Number</b> [REDACTED]
<b>Applicant Business Name</b> Planned Parenthood of Greater Ohio	

**Part 2 – Attestation by Applicant** - *To be completed by the applicant (person who may legally sign for the business). Must be manually signed in ink.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

<b>Signature of Applicant</b> 	<b>Date Signed</b> 2/25/19
<b>Print Applicant Name</b> Holly myers	

**\*The term "Drug Distributor" includes the following license types: Wholesale Distributors of Dangerous Drugs, Manufacturers of Dangerous Drugs, Outsourcing Facilities, Repackagers of Dangerous Drugs, Third-Party Logistics Providers, Brokers and Virtual Wholesale Distributors of Dangerous Drugs.**

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | [contact@pharmacy.ohio.gov](mailto:contact@pharmacy.ohio.gov) | [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)





**STATE OF  
OHIO**  
BOARD OF PHARMACY

## **Responsible Person Application and Renewal Attestation Form**

*This form must be submitted with an application or license renewal in the eLicensing system.*

**Part 1 – Responsible Person Information** - *To be completed by the applicant's Responsible Person.*

<b>Responsible Person First Name</b> ADARSH T	<b>Responsible Person Last Name</b> KRISTEN
<b>Date of Birth</b> [REDACTED]	<b>Social Security Number</b> [REDACTED]
<b>Applicant Business Name</b> PLANNED PARENTHOOD OF GREATER OHIO	

**Part 2 – Attestation by Responsible Person** - *To be completed by the applicant's Responsible Person. Must be manually signed in ink.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE <b>TRUE, CORRECT, AND COMPLETE.</b>	
<b>Signature of Applicant's Responsible Person</b> Adarsh E. Kristen	<b>Date Signed</b> 2/25/2019
<b>Print Name of Responsible Person</b> ADARSH E. KRISTEN, MD	

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | [contact@pharmacy.ohio.gov](mailto:contact@pharmacy.ohio.gov) | [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)

