Ohio account set up form



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If your practice is organized in Ohio as a corporation, partnership, limited liability company (LLC), or health care association, and has multiple practitioners (i.e. is not operating as a "sole practitioner"), and you receive dangerous drugs* then your practice **must** have an Ohio Terminal Distributor of Dangerous Drugs License (TDDD).

Accounts of any description that possess, or intend to possess, controlled substances **must** also have an Ohio Terminal Distributor of Dangerous Drugs License (TDDD).

Ohio law imposes monetary fines on physicians (including veterinarians) for violations of the TDDD licensure requirements and requires that pharmaceutical distributors sell only to group practices with a valid TDDD license. Please see the link below for information provided by the state of Ohio regarding the need for TDDD licenses.

Terminal Distributor of Danger Drugs Information

If you are a sole practitioner and not incorporated, you may not need to obtain a TDDD license as long as we have documentation on file establishing that you are exempt. Please contact the Ohio State Board of Pharmacy at 614-466-4143 for more information. Below is a link to the Ohio State Board of Pharmacy website, as well as an important recent update regarding the TDDD license requirement.

Ohio State Board of Pharmacy TDDD License Update

* Dangerous drug means any drug requiring a prescription or intended for injection into the human body, which includes antibiotics, vaccines, local anesthetic injectable products, and medical oxygen.

This entity is not required to obtain the Ohio TDDD Permit. After reviewing the requirements of this

Please check one of the below options

permit we have determined that it will not be necess	sary for our account to obtain this TDDD Permit.
Entity listed below has valid TDDD permit #Please include a copy of the permit for MWI's record	
The MWI account listed below has applied for the TDDD permit, but has not received the permit yet. Please include a copy of the TDDD Application for MWI's records.	
Account name	
TDDD Permit # (If applicable, pending application, or N/A)	
Designated responsible person name and personal license	
Billing address	
Shipping address	
Phone number	
Signature	Date