



Ohio Administrative Code Rule 4729:11-2-03 Applications.

Effective: December 15, 2019

(A) The following information shall be required on a form supplied by the state board of pharmacy from each person making an application for a HME services provider license or certificate of registration:

- (1) The name, full physical business address (not a post office box), and telephone number of the applicant.
- (2) All trade, fictitious, or business names used by the applicant (e.g. "doing business as" or "formerly known as").
- (3) Addresses, telephone numbers, and the full names of contact persons for all facilities used by the applicant for the storage, handling, and distribution of HME.
- (4) The type of ownership or operation (i.e., sole proprietorship, partnership, corporation, or government agency).
- (5) The following information for the owner(s) and/or operator(s) of the applicant:
 - (a) For a partnership:
 - (i) The full name, business address, social security number, and date of birth of each partner; if the partner is not a natural person each business entity that is a partner having an ownership interest must be disclosed on the application up to and through the entity that is owned by a natural person;
 - (ii) The name of the partnership; and
 - (iii) The partnership's federal employer identification number.



(b) For a corporation:

(i) The full name, business address, social security number and date of birth of the corporation's president, vice-president, secretary, treasurer and chief executive officer, or any equivalent position;

(ii) The name or names of the corporation;

(iii) The state of incorporation;

(iv) The corporation's federal employer identification number;

(v) The name of the parent company, if applicable;

(vi) If the corporation is not publicly traded on a major stock exchange, the full name, business address, and social security number of each shareholder owning ten percent or more of the voting stock of the corporation.

(c) For a sole proprietorship:

(i) The full name, business address, social security number, and date of birth of the sole proprietor;
and

(ii) If applicable, the federal employer identification number of the business entity.

(6) If the person making application for a certificate of registration, information necessary to verify accreditation authorized pursuant to rule 4729:11-2-04 of the Administrative Code.

(7) If applicable, the Ohio medicaid number, federal medicare number, and federal tax identification number for the applicant.

(8) A copy of the applicant's certificate of product and professional liability insurance from an insurer showing a minimum one million dollars per occurrence, three million dollars aggregate of coverage.



- (9) A list of the HME to be stored, repaired, leased or sold by the applicant.
- (10) A brief description of the HME services provided, including square footage of the facility.
- (11) A list of the personnel currently employed by the applicant who are engaged in the delivery of HME services, including job titles.
- (12) List of other licenses, registrations, or certifications held by the applicant.
- (13) Any additional information required on the application as determined by the board.
- (14) Any follow-up information as deemed necessary upon the receipt of the application materials.