

STATE OF OHIO
THE STATE MEDICAL BOARD
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215-6127

INSTRUCTIONS FOR COMPLETING
LOG OF CONTROLLED SUBSTANCES
PRESCRIBED, ADMINISTERED, DISPENSED

The enclosed forms are to be used by all licensees who are required by order of the State Medical Board to maintain and periodically submit to the Board records or logs reflecting their utilization of controlled substances. It is essential that the reporting physicians carefully read and comply with the following instructions, since submission of an inaccurate or incomplete Log constitutes a violation of probation, and may result in revocation of license. The reporting physician is solely responsible for the completeness and accuracy of the Log, and may not delegate this responsibility to any other person.

1. LEGIBILITY - All information reported in the Log must be clearly legible. It is strongly suggested that it be in typed form, although a Log legibly PRINTED in indelible ink will also be accepted. Each instance of an illegible entry constitutes a violation of probation, and repeated instance may result in disciplinary action.

2. PHYSICIAN INFORMATION - Enter on the appropriate lines at the top of each page of the Log the full name of the reporting physician, the number of his/her license to practice medicine, osteopathic medicine or podiatric medicine, and the reporting date. (The date on which the Log is required to be submitted to the State Medical Board, to be determined as described under #7 below.)

3. ENTRIES - Enter all required information in the appropriate column each time a controlled substance is prescribed, administered or dispensed. It is the reporting physician's responsibility to know the legal status of all drugs utilized. Ignorance of the controlled status of a drug is not an excuse for failure to report use of that drug in treating patients.

The patient's full name must be given. Further, the controlled substance utilized must be fully identified, including the brand name if applicable, and the strength. Abbreviations and codes may not be used to identify controlled substances. Amounts and refills should be entered in Arabic numerals, and a "0" should be entered in the refill column if the controlled substance is administered, dispensed or supplied by a non-refillable prescription.

The manner in which the controlled substance is supplied must be entered in the sixth column. Enter an "A" if the drug is administered, a

“D” if it is dispensed, or a “P” if it is prescribed. The diagnosis must be entered in the final column.

4. PAGINATION - More than one page may be needed to report all controlled substances utilized during a given reporting period. (Additional copies of both the Log and the Certification should be produced by photo copying the originals on good quality 8 1/2 X 11 inch paper for future use.) Enter the page number in the space provided at the bottom of each page in the space provided. (E.g. - the pages of a ten-page Log will be numbered “1 of 10”, etc.)
5. CERTIFICATION - The “CERTIFICATION OF LOG OF CONTROLLED SUBSTANCES PRESCRIBED, ADMINISTERED AND DISPENSED”, must be stapled to the Log and properly executed before a Notary Public prior to submission to the Board. The total number of pages included in the Log and the beginning and ending dates of the reporting period must be entered in the spaces provided before the certification is signed. Determination of the starting and ending dates is to be made as described below.
6. REPORTING PERIOD - A reporting physician’s first reporting period begins on the effective date of the Board Order or Consent Agreement pursuant to which the Controlled Substance Log is required to be kept. Each subsequent reporting period begins on the day immediately following the ending date of the prior reporting period.

A reporting period ends on the date five days immediately preceding the Reporting Date.

7. REPORTING DATE - The Reporting date is the date on which the reporting physician’s Log must be received in the offices of the State Medical Board. Determination of the proper reporting date will depend on whether the Order or Consent Agreement pursuant to which the Log is required to be kept also requires the reporting physician to make periodic appearances before the Board or a committee or representative thereof.

The Reporting Date for a physician who is required to make appearances will be thirty days prior to each required appearance. The reporting physician determines by writing to the Board that his initial appearance will be at the Board meeting on March 6, 200X. The Reporting Date for the first Log will be February 4, 200X.

Reporting Dates for a physician who is not required to make periodic Board appearances will be determined directly from the Board Order or

Consent Agreement which requires the submission of Logs. (Example - A Board Order effective January 1, 200X will be March 31, June 30, September 30, and December 31.)

A reporting physician having questions regarding his/her required Reporting Dates, or any other questions regarding the manner in which the Controlled Substances Log are to be maintained or submitted, should submit all such questions in writing to:

Danielle Bickers, Compliance Supervisor
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CERTIFICATION OF LOG OF
CONTROLLED SUBSTANCES
PRESCRIBED, ADMINISTERED, DISPENSED

I, _____, hereby swear or affirm that the attached “LOG OF CONTROLLED SUBSTANCES PRESCRIBED, ADMINISTERED AND DISPENSED”, numbering _____ pages, completely and accurately reflects all controlled substances which I have prescribed, administered, dispensed, given or sold to any patient or to any other individual during the reporting period beginning _____ and ending _____. I further swear or affirm that I have personally entered all of the information contained in said Log, or have personally examined all information entered by any other individual and assured the completeness and accuracy of such information.

I understand and acknowledge that this certification, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

Signature of Reporting Physician

Date

Sworn to before me and signed in my presence this _____ day of _____, 20____.

(SEAL)

Notary
My Commission Expires: _____

