Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO BOARD OF PHARMACY

Hours of Operation Form – Office Based Opioid Treatment Facilities

This form must be used to report initial hours of operation and any changes to the licensee's hours of operation.

Business Name	**Terminal Distributor License Number (if applicable)**

HOURS OF OPERATION – Please indicate the hours the OBOT facility will be open to see patients (provide on a separate sheet if necessary).

Day of the Week	Open	Close	Open	Close
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Statement must be manually signed (**wet ink – NO COPIES**) and completed by the applicant or licensee's responsible person.

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.**	
Signature of Responsible Person (wet ink – NO COPIES)	**Date**
Responsible Person Name (please print)	

OBOT Hours of Operation (Rev. 4/19/2018)