



**PRESCRIBER LIST - OFFICE-BASED OPIOID TREATMENT FACILITY**

Please provide a complete list of all prescribers currently practicing at the OBOT facility at the time of application. This includes all prescribers (MD/DO, APRN, PA, etc.) even if they are not treating patients for opioid dependence or addiction and all contract prescribers working at the facility.

<b>Name of Prescriber</b>	<b>Type of Prescriber (MD/DO, APRN, PA, etc.)</b>	<b>Ohio Professional License Number</b>

*If necessary, continue using a separate sheet of paper.*

