



**Change of Hours of Operation Form – Office Based Opioid Treatment Facilities**

Pursuant to [rule 4729-18-02](#) of the Ohio Administrative Code, any changes to the licensee's hours of operation (as reported in the initial licensing application) shall be reported to the Board **within three business days**. The form must be completed by the licensee’s responsible person.

Please mail the completed form to the Board office (77 S. High Street, 17<sup>th</sup> Floor, Columbus, Ohio 43215).

<b>Business Name</b>	<b>Terminal Distributor License Number</b>

**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 licensee’s responsible person.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT I AM THE RESPONSIBLE PERSON WHO CAN PURSUE THIS CHANGE ON BEHALF OF THE ENTITY LISTED IN THIS FORM AND THAT THIS FORM IS <b>TRUE, CORRECT, AND COMPLETE.</b>	
<b>Signature of Responsible Person (wet ink – NO COPIES)</b>	<b>Date</b>
<b>Responsible Person Name (please print)</b>	

