Prescriber List - Office-Based Opioid Treatment Facility

Provide a complete list of all prescribers currently practicing at the OBOT facility at the time of application and renewal. 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.

Name of Prescriber	Type of Prescriber (MD/DO, APRN, etc.)	Ohio Professional License Number	Indicate if prescriber is also owner or operator.

If necessary, continue using a separate sheet of paper or duplicate this form.