



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## **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.*

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

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

