



## Mobile Clinic and Medication Unit Satellite License Form

**Updated 1/14/2025**

OAC [4729:5-3-23](#) authorizes the following terminal distributors of dangerous drugs to operate a mobile clinic or medication unit:

1. A nonprofit organization\*, corporation, or association as defined in the Ohio Revised Code; or
2. A for-profit entity for the purpose of providing services to an individual needing treatment for a substance use disorder, a mental health condition, and any related medical issue.

*\*For the purposes of this rule, nonprofit organization also includes state and local governmental entities.*

To operate a mobile clinic or medication unit, a licensed terminal distributor of dangerous drugs is required to register for a no-cost, satellite license affiliated with the licensee using the form starting on the next page.

For terminal distributors with multiple mobile clinics or medications units, please submit a separate form for each clinic or unit in operation.

**Instructions:** *The completed form must be submitted electronically via the licensee's eLicense Ohio Dashboard. On the Options menu, select "Submit Additional Documentation." For more information on submitting additional information in eLicense [click here](#).*

# Mobile Clinics and Medication Unit Satellite License Form



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## Part 1 – Terminal Distributor Information

<b>Organization Name</b>	<b>TDDD License No.</b>
<b>Street Address</b>	<b>Name of Responsible Person (RP)</b>
<b>City</b>	<b>RP Phone Number (xxx-xxx-xxxx)</b>
<b>Zip Code</b>	<b>RP E-Mail Address</b>
<b>Type of TDDD license</b>  Non-profit (includes state and local governmental entities)  For-profit providing services for substance use disorder, mental health, or related condition	

## Part 2 – Mobile Clinic or Medication Unit Information

<b>Brief Description of Population Served</b>
<b>Will the mobile clinic or medication unit dispense or distribute controlled substances?</b>  Yes      No
<b>Full Address of Mobile Clinic or Medication Unit When Not in Operation (e.g., where is it stored?)</b>

**Part 3 – Attestation** – *To be signed by the responsible person listed in Part 1 of this form. A digital signature may be used.*

<p>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 ALL ACCOMPANYING MATERIALS ARE <b>TRUE, CORRECT, AND COMPLETE.</b></p> <p>I FURTHER ATTEST THAT I UNDERSTAND THE PROVISIONS OF RULE 4729:5-3-23 OF THE ADMINISTRATIVE CODE.</p>	
<b>Signature of Responsible Person</b>	<b>Date Signed</b>

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