



Mobile Clinic and Medication Unit Satellite License Form

Updated 12/19/2024

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.

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

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

Part 2 – Mobile Clinic or Medication Unit Information

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

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

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