



Mobile Clinic, Opioid Treatment Program, and Medication Unit Satellite Form

Updated 3/11/2026

This form is to be used to report the following to the Board:

1) Mobile Clinic or Medication Unit

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.*

IMPORTANT: Mobile clinics and medication units are generally those that maintain dangerous drugs on the unit when the unit is not operational or there is no direct oversight provided by a licensed healthcare professional. A terminal distributor of dangerous drugs that seeks to provide services off-site may also operate under the Board's temporary off-site rule (OAC [4729:5-3-13](#)) if the dangerous drugs are returned to the licensed location in the timeframe specified by the rule.

2) Mobile Opioid Treatment Programs

Effective March 27, 2026, OAC 4729:5-21-05 requires mobile OTPs to use this form to notify the Board if they have requested approval from the United States Drug Enforcement

Administration (DEA) to operate a mobile opioid treatment program (sometimes referred to as a “mobile narcotic treatment program”). Submission to the Board must be done when submitting a request to the DEA.

NOTE: This applies to mobile opioid treatment programs on or after December 15, 2025.

To operate a mobile clinic, medication unit, or mobile OTP, 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, medication units, or mobile OTPs, please submit a separate form for each clinic or unit in operation.

Exception for Mobile Clinics Provided by the Ohio Department of Health: A terminal distributor of dangerous drugs (TDDD) may operate a mobile clinic or medication unit temporarily provided by the Ohio Department of Health (Department) without needing to register for a no-cost, satellite license pursuant to OAC [4729:5-3-23](#) if both of the following conditions are met:

1. The TDDD operates the mobile clinic or medication unit in accordance with all other requirements of OAC [4729:5-3-23](#) (specifically the requirements of paragraph C);
2. The TDDD operates the mobile clinic or medication unit provided by the Department for no longer than 60 calendar days.

If the TDDD wishes to utilize the mobile clinic or medication unit provided by the Department longer than 60 calendar days, they must submit for a no-cost, satellite license in accordance with OAC [4729:5-3-23](#) (B).

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 Clinic, Medication Unit, or Mobile OTP Satellite License Form



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](#).*

Part 1 – Terminal Distributor of Dangerous Drugs Information

Organization Name	TDDD License No.
Street Address	Name of Responsible Person (RP)
City	RP Phone Number (xxx-xxx-xxxx)
Contact Person Name	Contact Person Phone Number (xxx-xxx-xxxx)
Zip Code	RP E-Mail Address
Type of TDDD license Non-profit (includes state and local governmental entities) For-profit providing services for substance use disorder, mental health, or related condition Mobile Opioid Treatment Program (sometimes referred to as a mobile narcotic treatment program)	

Part 2 – Mobile Clinic, Medication Unit, or Mobile OTP Information

Brief Description of Population Served
For Mobile Clinics and Medication Units Only: Will the mobile clinic or medication unit dispense or distribute controlled substances? (Leave blank if Mobile OTP) Yes No
Full Address of Mobile Clinic, Medication Unit, or Mobile OTP 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 or wet ink signature may be used.*

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.	
I FURTHER ATTEST THAT I UNDERSTAND THE PROVISIONS OF RULE 4729:5-3-23 AND/OR 4729:5-21-05 OF THE ADMINISTRATIVE CODE.	
Signature of Responsible Person	Date Signed

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