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.

Submit this form with your application as part of the eLicense system. It must be submitted as a single PDF document.

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

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