

## **Prescriber List – Pain Management Clinic**

*Provide a complete list of all prescribers currently practicing at the PMC 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 pain and all contract prescribers working at the facility.* 

*Submit this form with your application as part of the <u>eLicense system</u>. 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.

77 South High Street, 17th Floor, Columbus, Ohio 43215

