



State Medical Board of

**Ohio**

30 E. Broad St., 3<sup>rd</sup> Floor  
Columbus, Ohio 43215  
(614) 466-3934  
[www.med.ohio.gov](http://www.med.ohio.gov)

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## ONE BITE CONTINUING CARE PROVIDER VERIFICATION

Please submit the form to:  
[med.compliance@med.ohio.gov](mailto:med.compliance@med.ohio.gov)

### PROGRAM SITE(S)

Please provide the following information for **each location site** operated by the applicant that needs to be updated.

**Continuing Care Provider/Location:**

**Address:**

**Telephone:**

**Fax:**

**Email:**

**Medical Director:**

**Addictionologist:**

**Preferred Contact:**

**Title:**

**Telephone:**

**Fax:**

**Email:**

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