State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

ONE BITE TREATMENT PROVIDER VERIFICATION

Please submit the form to:
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.

Treatment Provider/Location:
Address:
Telephone:
Fax:
Email:

Medical Director:
Addictionologist:

Preferred Contact:
Title:
Telephone:
Fax:
Email: