



## Mobile Clinic and Medication Unit Satellite License Form

**Updated 2/11/2025**

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.*

To operate a mobile clinic or medication unit, 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 or medications units, 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](#).*

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## Part 1 – Terminal Distributor Information

<b>Organization Name</b>	<b>TDDD License No.</b>
<b>Street Address</b>	<b>Name of Responsible Person (RP)</b>
<b>City</b>	<b>RP Phone Number (xxx-xxx-xxxx)</b>
<b>Zip Code</b>	<b>RP E-Mail Address</b>
<b>Type of TDDD license</b>  Non-profit (includes state and local governmental entities)  For-profit providing services for substance use disorder, mental health, or related condition	

## Part 2 – Mobile Clinic or Medication Unit Information

<b>Brief Description of Population Served</b>
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<p><b>Will the mobile clinic or medication unit dispense or distribute controlled substances?</b></p> <p>Yes      No</p>
<p><b>Full Address of Mobile Clinic or Medication Unit When Not in Operation (e.g., where is it stored?)</b></p>

**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.*

<p>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 <b>TRUE, CORRECT, AND COMPLETE.</b></p> <p>I FURTHER ATTEST THAT I UNDERSTAND THE PROVISIONS OF RULE 4729:5-3-23 OF THE ADMINISTRATIVE CODE.</p>	
<p><b>Signature of Responsible Person</b></p>	<p><b>Date Signed</b></p>

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