

Treatment Provider Quarterly Program Report

Reporting Period Q1 (Jan – Mar) Q2 (Apr – Jun) Q3 (Jul – Sep) Q4 (Oct – Dec)

Year _____

Please provide the number of licensees or applicants referred (or presented) for diagnostic evaluation for the following healthcare licensing boards

- State Medical Board of Ohio
- Ohio Board of Pharmacy
- Ohio Board of Psychology
- Ohio Board of Nursing
- Ohio Chemical Dependency Professionals Board
- Ohio Emergency Medical Services Board
- Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
- Ohio Speech and Hearing Professionals Board
- Ohio State Chiropractic Board
- Ohio State Dental Board
- Ohio Veterinary Medical Licensing Board
- Ohio Vision Professionals Board
- Total**

Please provide the number of licensees or applicants diagnosed with a substance use disorder and recommended for treatment

- State Medical Board of Ohio
- Ohio Board of Pharmacy
- Ohio Board of Psychology
- Ohio Board of Nursing
- Ohio Chemical Dependency Professionals Board
- Ohio Emergency Medical Services Board
- Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
- Ohio Speech and Hearing Professionals Board
- Ohio State Chiropractic Board
- Ohio State Dental Board
- Ohio Veterinary Medical Licensing Board
- Ohio Vision Professionals Board
- Total**

Please provide the number of licensees or applicants diagnosed with a primary psychiatric diagnosis and recommended for treatment

- State Medical Board of Ohio
- Ohio Board of Pharmacy
- Ohio Board of Psychology
- Ohio Board of Nursing
- Ohio Chemical Dependency Professionals Board
- Ohio Emergency Medical Services Board

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
 Ohio Speech and Hearing Professionals Board
 Ohio State Chiropractic Board
 Ohio State Dental Board
 Ohio Veterinary Medical Licensing Board
 Ohio Vision Professionals Board
Total

Number of healthcare professionals entering each phase of substance use disorder treatment (at this facility)

Withdrawal Management
 Residential (or PHP with overnight stay)
 Extended Residential
 Partial Hospitalization (without overnight stay)
 Intensive Outpatient
 Outpatient
 Aftercare/Continuing Care
 Other

Number of licensees who successfully completed recommended treatment (at this facility)

State Medical Board of Ohio
 Ohio Board of Pharmacy
 Ohio Board of Psychology
 Ohio Board of Nursing
 Ohio Chemical Dependency Professionals Board
 Ohio Emergency Medical Services Board
 Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
 Ohio Speech and Hearing Professionals Board
 Ohio State Chiropractic Board
 Ohio State Dental Board
 Ohio Veterinary Medical Licensing Board
 Ohio Vision Professionals Board
Total

Number of licensees discharged from this program other than successful completion completed recommended treatment (at this facility)

State Medical Board of Ohio *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Board of Pharmacy *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Board of Psychology *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Board of Nursing *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Chemical Dependency Professionals Board *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Emergency Medical Services Board *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Speech and Hearing Professionals Board *(If any number above "0", please provide rational/reasons for discharge)*

Ohio State Chiropractic Board *(If any number above "0", please provide rational/reasons for discharge)*

Ohio State Dental Board *(If any number above "0", please provide rational/reasons for discharge)*

Ohio Veterinary Medical Licensing Board *(If any number above "0", please provide rational/reasons for discharge)*



Ohio Vision Professionals Board *(If any number above "0", please provide rational/reasons for discharge)*

Total

Contact Information

Contact Name: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone number: _____

Email Address: _____

Name (please print) _____

Signature: _____ Date: _____

Licensing Board Information

State Medical Board of Ohio

- Physicians (MD, DO, DPM)
- Resident Physicians
- Physician Assistants
- Respiratory Care Professionals
- Anesthesiologist Assistants
- Dieticians
- Acupuncturists
- Radiologist Assistants
- Genetic Counselors
- Massage Therapists

Ohio Board of Nursing

- Registered Nurses
- Licensed Practical Nurses
- Advanced Practice Registered Nurses
- Dialysis Technicians
- Community Health Workers
- Medication Aides

Ohio Emergency Medical Services Board

- Emergency Medical Technicians
- Firefighters

Ohio Vision Professionals Board

- Ocularists
- Opticians
- Optometrists

Ohio State Dental Board

- Dentists
- Dental Hygienists
- Dental Assistant Radiographer
- Coronal Polisher
- Expanded Function Dental Auxiliary

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

- Athletic Trainers
- Occupational Therapists
- Occupational Therapy Assistants
- Orthotists
- Pedorthists
- Prosthetists
- Prosthetist-orthotists
- Physical Therapists
- Physical Therapist Assistants

Ohio Board of Pharmacy

- Pharmacists
- Pharmacy Interns
- Pharmacy Technicians

Ohio Board of Psychology

- Psychologists
- School Psychologists
- Certified Ohio Behavior Analysts

Ohio Chemical Dependency Professionals Board

- Chemical Dependency Counselor Assistants
- Licensed Chemical Dependency Counselors
- Licensed Independent Chemical Dependency Counselors
- Ohio Certified Prevention Specialist Assistants
- Ohio Certified Prevention Specialist
- Ohio Certified Prevention Consultants

Ohio Speech and Hearing Professionals Board

- Hearing Aid Dealer
- Hearing Aid Dealer Satellite
- Hearing Aid Fitter
- Hearing Aid Fitter Trainee
- Audiologist
- Audiology Aide
- Speech-Language Pathologist
- Speech-Language Pathology Aide
- Speech-Language Pathology Conditional License

Ohio Veterinary Medical Licensing Board

- Veterinarians
- Vet Techs

Ohio State Chiropractic Board

- Chiropractors