



Please complete and submit this form as soon as possible to assist in planning for the 2026 application cycle.
Email completed forms to PCRH@odh.ohio.gov.

I. SPONSOR INFORMATION *Note that sponsors submitting multiple applications in a program year must identify the same representative for all applications. The representative may be staff or a legal representative.*

Sponsoring Organization Name _____

Contact Person Name _____

Phone Number _____

Email Address _____

II. SITE INFORMATION *For more than two sites, please provide site information on separate page.*

Practice Site Name _____

Street Address _____

City, State and Zip _____

Practice Site Name _____

Street Address _____

City, State and Zip _____

III. PHYSICIAN INFORMATION

Name _____

Specialty Training _____

(List all specialties in which physician will have completed residency/fellowship training.)

Practice Specialty _____

(List specialties that physician will practice at proposed site(s).)

Current Visa Status _____ Visa Expiration Date _____

Anticipated Completion Date of Current Training Program (if applicable) _____

IV. ATTORNEY INFORMATION (if applicable)

Name _____

Phone Number _____

Email Address _____