



Criminal or Disciplinary Records Attestation Form

Individuals who have submitted an application to the State of Ohio Board of Pharmacy indicating the applicant did not have any criminal or disciplinary actions and are found by the Board to have a criminal or disciplinary record must complete and submit this form.

This includes all applicants who:

- Have been arrested for, or convicted of, a felony or misdemeanor drug offense under state or federal law. This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be reported regardless of whether the case has been sealed, reduced or dismissed or the equivalent thereof.

NOTE: Minor misdemeanor drug convictions are not required to be reported.

- Have any other record of arrest (not related to drug charges), charges, or have a conviction of a felony, misdemeanor or traffic violation (even if dismissed or sealed or the equivalent thereof in another jurisdiction).

NOTE: This does not apply to the following traffic offenses: parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired registration.

- Have been the subject of, or there are allegations pending for, disciplinary action by any state or federal agency, even if subsequently dismissed or resolved without formal discipline.

This form and all supporting documentation must be submitted in the same email to: licensing@pharmacy.ohio.gov.

INCOMPLETE FORMS WILL BE DENIED AND WILL RESULT IN THE DELAY OF THE LICENSING PROCESS.



Part 1 - Charges, Citations or Disciplinary Actions - *If additional space is needed, you may attach additional pages.*

For Criminal Charges:

Case Number(s):	Date of Offense:
State:	County:
Violation(s):	

For Disciplinary Actions by a State or Federal Agency:

Licensing Board:	Date of Disciplinary Action:
Violation(s):	

Provide a detailed description charges or disciplinary action and, if applicable, the outcome of the case(s). If additional space is needed you may include other pages.

Part 2 - ATTESTATION BY APPLICANT - *To be completed by the applicant. Must be manually signed in ink. Digital signatures will NOT be accepted.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED IN THE ORIGINAL APPLICATION RELATING TO CRIMINAL OR DISCIPLINARY ACTIONS WERE ANSWERED INCORRECTLY, AND THE ANSWERS PROVIDED ON THIS FORM AND THE ACCOMPANYING DOCUMENTATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant	Date Signed
Print or Type Name	

Part 3 - SUBMISSION OF ADDITIONAL DOCUMENTATION - *Submit all supporting documents including charging documents, citations, court documentation and, if applicable, the final outcome of your disciplinary action or legal case with this form. This form and all supporting documentation must be submitted in the same email to: licensing@pharmacy.ohio.gov.*