



Criminal or Disciplinary Records Attestation Form

Updated 5/8/2018

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 to 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 traffic offenses including 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 are there allegations pending for, disciplinary action by any state or federal agency; even if subsequently dismissed or resolved without formal discipline.

Please complete and sign the following required information and email completed forms and documents to licensing@pharmacy.ohio.gov.

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



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 CHARGES, CONVICTION, OR DISCIPLINARY ACTION SECTIONS OF THE ORIGINAL APPLICATION WERE ANSWERED INCORRECTLY, AND THE ANSWERS PROVIDED ON THIS FORM AND THE REQUIRED DOCUMENTATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant	Date Signed
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Print or Type Name

Part 3- SUBMISSION OF ADDITIONAL DOCUMENTATION - *Submit **all supporting documents** including charging documents, court documentation and the final outcome of your disciplinary action or legal case with this form. This form and all documentation must be submitted as single .PDF file.*