



Criminal Conviction Determination Request Form

Section 9.78 of the Ohio Revised Code allows an individual who has been convicted of a criminal offense to request that State of Ohio Board of Pharmacy determine whether that conviction disqualifies the individual from obtaining a license or registration as a pharmacist, pharmacy intern, pharmacy technician, or medical marijuana dispensary employee.

To submit for a determination, complete the form included in this document and mail it, along with all requested documentation, and a check or money order for \$25.00 to:

State of Ohio Board of Pharmacy
C/O: CC Determination
77 South High Street, 17th Floor
Columbus, Ohio 43215

The check or money order must be made payable to “Treasurer, State of Ohio”

The Board is required to issue a determination within 30 days of receiving a request. The 30-day timeframe begins once a complete form, supporting documents and payment have been received by the Board.

IMPORTANT: The State of Ohio Board of Pharmacy is not bound by its determination if, upon further investigation, it finds that the criminal convictions of the individual differ from what was included in the request.

Pursuant to sections 9.78 and 9.79 of the Revised Code, the Board is required to post a list of all criminal offenses of which conviction of that offense would disqualify an individual from obtaining a license or registration. [This list may be accessed here.](#)



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Part 1 – APPLICANT INFORMATION - Provide information on the individual seeking the determination. The information must include a valid mailing and e-mail address where the individual can be contacted.

First Name		Last Name		
Street Address		City	State	Zip
Contact Email			Contact Phone (XXX-XXX-XXXX)	
Type of License/Registration Seeking to Obtain (select one)				
Pharmacist	Pharmacy Intern	Pharmacy Technician	Dispensary Employee	

Part 2 – CRIMINAL CONVICTION INFORMATION - If additional space is needed, you may attach additional pages.

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

Provide a detailed description of the offense(s). If additional space is needed, you may attach additional pages.

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Part 3 - 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., 3796., AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED IN THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.**

I HEREBY ACKNOWLEDGE THAT THE STATE BOARD OF PHARMACY IS NOT BOUND BY ITS DETERMINATION IF, UPON FURTHER INVESTIGATION, IT FINDS THAT THE CRIMINAL CONVICTIONS OF THE APPLICANT DIFFER FROM WHAT IS INCLUDED IN THIS REQUEST FORM.

Signature of Applicant	Date Signed
Print or Type Name	

Part 4 - SUBMISSION OF ADDITIONAL DOCUMENTATION - *Include with this form the official court record providing the outcome of your criminal conviction (commonly referred to as the entry of judgement or sentencing entry). Failure to include this information may result in a delay in processing your request.*