



Employee Waiver Request – Office-Based Opioid Treatment

Section 4729.553 of the Revised Code authorizes the Board to issue a waiver to a licensee or applicant for an employee who has previously been convicted of or pleaded guilty to any felony theft or drug offense within the ten years immediately preceding the date the person applied for employment.

Waivers will be granted on a case-by-case basis as determined by the Board.

The Board will review the facts and circumstances related to each waiver request to determine the criminal background's potential nexus, if any, to the issuance or maintenance of a license. Such factors may include, but are not limited to, the following:

- a. Whether the facility plans to possess drugs on-site;
- b. Supporting documentation from employers;
- c. The employee's role in the provision of office-based opioid treatment;
- d. The type and severity of the felony conviction;
- e. The time that has elapsed since the conviction;
- f. If applicable, the employee's progress in completing the terms of probation from the employee's licensing agency;
- g. An inspection of the facility;
- h. Any additional information deemed appropriate by the Board, including an in-person appearance before the Board or staff, may be requested.

If granted a waiver by the Board, the waiver shall be deemed in effect specific to the Board-reviewed employee for as long as the employee is employed by the license holder.

IMPORTANT: This form must be submitted with copies of relevant documents (such as court pleadings or orders). An applicant or licensee may also submit any additional materials (such as letters of support or additional explanation) with this form.

All materials, including this form, must be submitted as a single .PDF file. This form must be submitted to the Board via [eLicense Ohio](#).



INSTRUCTIONS: The licensee or applicant must complete and sign this form and upload all materials, including this form, must be submitted as a single .PDF file. ***This form must be submitted to the Board via [eLicense Ohio](#).***

Part I – Applicant or Licensee Information

Name of Facility Owner/Operator (first, last)		
Facility Name	License No. (if applicable)	
Street Address	City	Zip
Phone (xxx-xxx-xxxx)	Email	
Does the facility possess or plan to possess controlled substances on-site?	Yes	No

Part II – Employee Waiver Information

Name of Employee (first, last)		
Employees Title	Professional License No. (if applicable)	
Description of Employee’s Duties and Responsibilities in the Provision of Office-Based Opioid Treatment		
Type of Felony Conviction (check all the apply)	Theft	Felony
Detailed Account of Conviction (including date, place, circumstances, and disposition of the matter)		

Description of the Employee's Progress in Completing the Terms of Probation from the Employee's Licensing Agency (write N/A if not applicable)

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Part III - Attestation

*Statement must be manually signed (**wet ink – NO COPIES**) and completed by the individual who may legally sign for the business and can verify the information provided in this application is true, correct, and complete.*

I HEREBY REQUEST AN EMPLOYMENT WAIVER PURSUANT TO 4729.553 (D)(5) OF THE OHIO REVISED CODE.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT I AM AUTHORIZED TO PURSUE THIS WAIVER REQUEST ON BEHALF OF THE ENTITY LISTED IN THIS FORM AND THAT THIS FORM IS **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant/Licensee (wet ink – NO COPIES)

Date

Name (please print)

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