



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

PROBATION REPORT

NURSE'S NAME _____ (check one)
 INITIAL REPORT _____
 DATE _____ PROGRESS REPORT _____
 PROBATION OFFICER _____
 ADDRESS _____ PHONE () _____

DESCRIBE PROBATIONER'S COMPLIANCE WITH THE CONDITIONS OF PROBATION.

RANDOM DRUG SCREENS _____
 RESULTS OF DRUG SCREENS _____

FOR INITIAL REPORTS ONLY:

* ATTACH GENERAL CONDITIONS OF PROBATION IN _____
County

LIST ANY SPECIAL CONDITIONS OF PROBATION. (REPORT ALSO AS CHANGES OCCUR). _____

* SEND DISCHARGE SUMMARY UPON TERMINATION OF PROBATION

Signature and Title of person completing form

FORM MAY BE PHOTOCOPIED