



PROSECUTOR / COURT MANDATORY REPORTING FORM

Required by Sections 4723.34, 2929.17, 2925.38, 3719.12, 2929.42 of the Ohio Revised Code

The above cited Code Sections mandate Prosecutors / Courts to report the following to the Ohio Board of Nursing:

- 1) Conviction of, plea of guilty to, a judicial finding of guilt of, plea of no contest to, or receiving treatment in lieu of conviction, intervention in lieu of conviction or eligibility for diversion programs for:
a) any felony,
b) any misdemeanor committed in the course of practice or in the course of business,
c) any crime involving moral turpitude/gross immorality,
d) violations of municipal, county, state, or federal drug laws, and/or
2) A court order dismissing such crimes / charges listed in paragraph #1 on technical or procedures grounds.

As required by the above cited Ohio Revised Code Sections, please attach certified copies of all Court Entries in this action.

Name of Nurse / Dialysis Technician / Community Health Worker / Certified Medication Aide:

\_\_\_\_\_

Ph #: \_\_\_\_\_

Aliases: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Description of Offense(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case No./ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Making Report: \_\_\_\_\_

Prosecutor's office: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Thank you for your cooperation. Please return to: Ohio Board of Nursing, Compliance Unit, 17 S. High St., Suite 660, Columbus OH 43215-3466. Compliance FAX 614.995.3686