



NURSING EDUCATION DISSATISFACTION FORM

The information reported on this form will be reviewed by Board staff to enforce the requirements of Chapter 4723-5, Ohio Administrative Code. This form will be available to the public and will be maintained by the Board in accordance with its records retention policy.

Directions: Complete form and **MAIL** to the above address Attn: Education, **FAX** to 614-466-3683 or **EMAIL** to Education@Nursing.Ohio.Gov.

Today's Date: _____

General Information

Name of Person Submitting Form: _____

Title (e.g., student, parent, faculty, other): _____

Home Address: _____
Address City, State and Zip Code

Email Address: _____

Phone Number: _____

Reported Program Information

Program Name: _____

Program Address: _____
Address City, State and Zip Code

Type of Program: PN _____ ADN _____ BSN _____ DIPLOMA _____ MSN _____

