



Ohio Board of Nursing

www.nursing.ohio.gov

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

Potentially Disqualifying Offense Determination Request

Complete this form if you are requesting a potentially disqualifying offense determination. There is a \$25.00 fee for the determination which must be paid by credit card. Please provide your request for the determination using this form and submit the Credit Card Payment Authorization Form to authorize payment of the fee.

Submit both forms to disqualifying-offense-requests@nursing.ohio.gov.

For questions, email disqualifying-offense-requests@nursing.ohio.gov.

Request for Determination: Provide information for each section listed below.

Name of Individual Requesting the Determination:

Email Address of Individual Requesting the Determination:

Date of Guilty Plea, Conviction or Judicial Finding of Guilt for each criminal case:

Court and Case Number for each criminal case:

List of Crime(s) and Code Sections (Example: "Theft, Ohio Rev. Code 2913.02(A)(3)":