



Criminal Conviction Determination Request Form – Pharmacists, Interns and Technicians

Section 9.78 of the Ohio Revised Code allows an individual who has been convicted of a criminal offense to request that State of Ohio Board of Pharmacy determine whether that conviction disqualifies the individual from obtaining a license or registration as a pharmacist, pharmacy intern or pharmacy technician.

To submit for a determination, complete the form included in this document and mail it, along with all requested documentation, and a check or money order for \$25.00 to:

State of Ohio Board of Pharmacy
C/O: CC Determination
77 South High Street, 17th Floor
Columbus, Ohio 43215

The check or money order must be made payable to “Treasurer, State of Ohio”

The Board is required to issue a determination within 30 days of receiving a request. The 30-day timeframe begins once a completed form, supporting documents and payment have been received by the Board.

IMPORTANT: The State of Ohio Board of Pharmacy is not bound by its determination if, upon further investigation, it finds that the criminal convictions of the individual differ from what was included in the request.



Pursuant to section 9.78 of the Revised Code, the Board is required to post a list of all criminal offenses of which conviction of that offense would disqualify an individual from obtaining a license or registration.

While the Board does not have a statutory list of offenses that automatically disqualify an applicant, it has adopted a formal resolution that states the following offenses would most likely result in the disqualification of an individual obtaining licensure or registration:

- A crime of moral turpitude as defined in section 4776.10 of the Revised Code, which includes all the following offenses:
 - Murder
 - Aggravated murder
 - Rape
 - Sexual battery
 - Gross sexual imposition
 - Sexual imposition
 - Importuning
 - Voyeurism
 - Compelling prostitution
 - Promoting prostitution
 - Pandering obscenity
 - Pandering obscenity involving a minor
 - Pandering sexually oriented matter involving a minor
 - Illegal use of minor in nudity-oriented material or performance
 - Unlawful sexual conduct with minor
 - Felonious assault (if committed with a sexual motivation)
 - Involuntary manslaughter (on basis of the violation with a sexual motivation)
 - Menacing by stalking (if committed with a sexual motivation)
 - Kidnapping (if committed with a sexual motivation/engaging in sexual activity with the victim against the victim's will/victim is under 18 and offender is not a parent of the victim of the offense)
 - Voluntary manslaughter (if committed with a sexual motivation)
 - Abduction (if committed with a sexual motivation)
 - Unlawful restraint (without privilege to do so and with a sexual motivation)
 - Criminal child enticement (if committed with a sexual motivation)
 - Endangering children (entice, coerce, permit, encourage, compel, hire, employ, use, or allow the child to act, model, or in any other way participate in, or be photographed for, the production, presentation, dissemination, or advertisement of any material or performance that the offender knows or reasonably should know is obscene, is sexually oriented matter, or is nudity-oriented matter)
 - Trafficking in persons
 - Soliciting (person is less than sixteen years of age/person is a person with a developmental disability and the offender knows or has reasonable cause to believe the other person is a person with a developmental disability)

Criminal Conviction Determination Request Form – Pharmacists, Interns and Technicians

To submit for a determination, complete this form and mail it, along with all requested documentation (see Part 4 of this form), and a check or money order for \$25.00 to:

State of Ohio Board of Pharmacy
C/O: CC Determination
77 South High Street, 17th Floor
Columbus, Ohio 43215

The check or money order must be made payable to "Treasurer, State of Ohio"

Part 1 – APPLICANT INFORMATION - Provide information on the individual seeking the determination. The information must include a valid mailing and e-mail address where the individual can be contacted.

First Name		Last Name		
Street Address	City	State	Zip	
Contact Email				
Type of License/Registration Seeking to Obtain (select one)				
Pharmacist	Pharmacy Intern	Pharmacy Technician or Trainee		

Part 2 – CRIMINAL CONVICTION INFORMATION - If additional space is needed, you may attach additional pages.

Case Number(s):	Date of Offense(s):
State:	County:
Violation(s):	

Provide a detailed description of the offense(s). If additional space is needed, you may attach additional pages.

Part 3 - ATTESTATION BY APPLICANT - *To be completed by the applicant. Must be manually signed in ink. Digital signatures will NOT be accepted.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED IN THIS FORM ARE TRUE, CORRECT, AND COMPLETE.	
I HEREBY ACKNOWLEDGE THAT THE STATE BOARD OF PHARMACY IS NOT BOUND BY ITS DETERMINATION IF, UPON FURTHER INVESTIGATION, IT FINDS THAT THE CRIMINAL CONVICTIONS OF THE APPLICANT DIFFER FROM WHAT IS INCLUDED IN THIS REQUEST FORM.	
Signature of Applicant	Date Signed
Print or Type Name	

Part 4 - SUBMISSION OF ADDITIONAL DOCUMENTATION - *Include with this form the official court record providing the outcome of your criminal conviction (commonly referred to as the entry of judgement or sentencing entry). Failure to include this information may result in a delay in processing your request.*