



Potentially Disqualifying Offense Determination Request

Complete this form if you are requesting a potentially disqualifying determination.

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)":