

# The Board of Executives of Long Term Services & Supports

## REPORT OF CONVICTION

**If you have been convicted of any felony, or of a misdemeanor within the course and scope of the practice of nursing home administration**, in this state or elsewhere, you are required to notify the Board in writing of the date, place and nature of the conviction within ten (10) days after the entry of the judgment of conviction. To report a conviction, **complete this form and return it** to the Board.

The information requested on this form will be used to determine whether the circumstances of your conviction substantially relate to the circumstances of the profession for which you are licensed. The information you provide on this form may be verified against criminal information records. If more than ten (10) days have passed since your conviction, you should still submit this form. You may provide an explanation for any delay in reporting on the space for comments below. Failure to report a conviction may constitute independent grounds for the imposition of discipline against your license.

Last Name	First Name	MI	Former / Maiden Name(s)
Your Street Address (number, street, city, state, zip)			
Mail To Address (if different)			
Date of Birth  ____ month ____ day ____ year		Type of Credential and License Number  _____	

Please list below a description of the circumstances of your conviction (s).

**OFFENSE**

**DATE**

**CITY/STATE**


Attach additional sheet(s) if necessary.

It is your responsibility to submit certified copies of the police report or criminal complaint and judgment of conviction to the Board. If you are sending copies under separate cover, please explain in the comments section below.

If you have a certificate of qualification for employment issued under section 2953.25 of the Revised Code or a certificate of achievement and employability issued under section 2961.22 of the Revised Code, you may be eligible for licensure, that will be determined by the Board on a case-by-case basis. Please provide this certificate to the Board for consideration. If you need more information about the certificate of qualification for employment, you may visit [www.drc.ohio.gov/cqe](http://www.drc.ohio.gov/cqe) or [www.drccqe.com](http://www.drccqe.com).

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- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Have you been sentenced?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, have you been sentenced to participate in an alcohol or other drug assessment, treatment or counseling program? | <input type="checkbox"/> | <input type="checkbox"/> |

- (Check all that apply)**
- |                                |   | <u>YES</u>               | <u>NO</u>                |
|--------------------------------|---|--------------------------|--------------------------|
| 2. Have you been sentenced to: | <input type="checkbox"/> Probation                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                | <input type="checkbox"/> Parole                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                                | <input type="checkbox"/> Ordered to pay restitution | <input type="checkbox"/> | <input type="checkbox"/> |

If you are currently on probation or parole, please request your probation/parole officer to send a letter describing your current probation/parole requirements.

Comments you wish to make regarding your conviction. Attach another sheet if necessary.

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## AFFIRMATION

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date