



Criminal Conviction Determination Request Form – Medical Marijuana Employees

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 as any of the following:

- Medical marijuana dispensary associated key employees
- Medical marijuana dispensary key employees
- Medical marijuana dispensary support employees

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.

Rule 3796:1-1-01 of the Ohio Administrative Code lists the following offenses that would automatically disqualify an individual from obtaining an employee license:

- A conviction or plea of guilty, including conspiracy to commit, attempt to commit, or aiding and abetting another in committing, the following:
 - Any offense set forth in Chapter 2925., 3719., or 4729. of the Revised Code, the violation of which constitutes a felony or misdemeanor of the first degree;
 - Any theft offense set forth under division (K) in section [2913.01](#) of the Revised Code, the violation of which constitutes a felony;
 - Any violation for which a penalty was imposed under section [3715.99](#) of the Revised Code;
 - A crime of moral turpitude as defined in section [4776.10](#) of the Revised Code; or
 - A violation of any former law of this state, any existing or former law of another state, any existing or former law applicable in a military court or Indian tribal court, or any existing or former law of any nation other than the United States that is or was substantially equivalent to any of the offenses listed above.

- Any first degree misdemeanor offense listed above will not automatically disqualify an applicant from licensure if the applicant was convicted of or pleaded guilty to the offense more than five years before the date the application for licensure is filed.

- No misdemeanor offense, including misdemeanors of the first degree, related to marijuana possession, marijuana trafficking, illegal cultivation of marijuana, illegal use or possession of drug paraphernalia or marijuana drug paraphernalia, or other marijuana related crimes shall be considered a disqualifying offense.

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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 Seeking to Obtain (select one)			
<p>Medical marijuana dispensary associated key employee</p> <p>Medical marijuana dispensary key employee</p> <p>Medical marijuana dispensary support employee</p>			

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.

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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.*