Ohio Chemical Dependency Professionals Board
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Columbus, OH 43215
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MISDEMEANOR CHARGE/CONVICTION QUESTIONNAIRE

Please complete this form if you have been charged or convicted of a misdemeanor.

NAME:_____

Misdemeanor Charge(s) and date(s): _____

_____

Misdemeanor Conviction(s) and date(s): _____

_____

Sentence(s) received for conviction(s), including any probation or parole: _____

_____

Dates sentence(s) served and date(s) completed: _____

Are you presently on probation or parole? _____ If so, expected completion date: _____

Provide any details related to your misdemeanor charge(s)/conviction(s), including any connection to chemical dependency:

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If your charge(s)/conviction(s) were related to chemical dependency, describe your current status related to chemical dependency and provide supportive documentation regarding any purported sobriety or clean time.

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Use this space to make any other comment or statement regarding your charge(s) or conviction(s) and your life since:

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You may be asked to provide a complete criminal background report at your expense. Are you willing to do so? _____

The OCDP Board reserves the right to refuse approval of an applicant based on a history of misdemeanor charge or conviction. However, the Board also recognizes that people and circumstances do change. Consequently, a history of a misdemeanor charge or conviction does not rule out the possibility that an application will be approved. The authority to make this decision rests solely with the Board.

APPLICANT'S SIGNATURE:
Your signature assures that all of the information that you provided in this form is complete and true and that you accept the Board's responsibility and authority to approve or not approve any application for certification by the Board.

_____ _____

Applicant's Signature Date