

**FORM K**



**Ohio Board of Nursing**

[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

**PROBATION/DIVERSION/PAROLE/COMMUNITY CONTROL REPORT**

**Please submit this form directly to the Ohio Board of Nursing's Alternative Program for Chemical Dependency/Substance Use Disorders by mail or by fax (#614-466-0710).**

Report for the month/year of: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Officer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Participant has appeared at all required report times? Yes \_\_\_\_\_ No \_\_\_\_\_

Participant is complying with all requirements of Probation/Diversion/Parole/Community Control? Yes \_\_\_\_\_ No \_\_\_\_\_

Drug screens have all been negative? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date