



Ohio Board of Nursing

www.state.oh.us/nur

17 South High Street, Suite 400 • Columbus, Ohio 43215-3413 • (614) 466-3947

PROBATION REPORT

NURSE'S NAME _____ (check one)
 INITIAL REPORT _____
 DATE _____ PROGRESS REPORT _____
 PROBATION OFFICER _____
 ADDRESS _____ PHONE () _____

DESCRIBE PROBATIONER'S COMPLIANCE WITH THE CONDITIONS OF PROBATION.

RANDOM DRUG SCREENS _____
 RESULTS OF DRUG SCREENS _____

FOR INITIAL REPORTS ONLY:

* ATTACH GENERAL CONDITIONS OF PROBATION IN _____ County

LIST ANY SPECIAL CONDITIONS OF PROBATION. (REPORT ALSO AS CHANGES OCCUR). _____

* SEND DISCHARGE SUMMARY UPON TERMINATION OF PROBATION

 Signature and Title of person completing form

FORM MAY BE PHOTOCOPIED