

Application Instructions

APRN LICENSE INSTRUCTIONS AND REQUIREMENTS

Eligibility for an APRN to practice as a Certified Nurse Midwife (CNM) in Ohio also requires the possession of a valid Ohio RN license.

Please have the following information available:

1. Complete address information. You will be asked to verify or update the mailing address. If you update your address, be sure to select the new address as your "mailing address" in the system. You are required by law to provide the Board with a valid address where all communication from the Board will be sent.
2. Your Social Security Number if you have obtained a new Social Security Number since your last renewal.
3. Your email address is required for maintaining your online account and payment confirmation.
4. A valid credit or debit card (Visa, MasterCard or Discover).

INITIAL APRN LICENSE APPLICATION

Applications may be submitted before you finish your APRN education, or before you take your national certification exam. Applications are maintained for a year, and application documents will be added to your file as you submit them. If the application remains incomplete for one year, the application and fee will be forfeited.

Pharmacology Requirements for CNPs, CNSs, and CNMs

Beginning April 6, 2017, HB 216 requires that APRNs be licensed rather than certified. The license will designate APRNs as CRNAs, CNMs, CNSs, or CNPs. HB 216 also grants prescriptive authority through licensure to CNSs, CNMs, and CNPs if requirements are met. You can no longer receive a CNS, CNM, or CNP without also meeting these new pharmacology requirements.

You will need to demonstrate that you earned a master's or doctoral degree with a major in nursing, and that degree included 45 hours of ORC 4723.482 specified content within the past 5 years; or that you have completed 45 hours of ORC 4723.482 specified content in the last five years. For the requirements go to http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf).

FEE

A \$150 non-refundable fee must accompany this application and will be processed electronically.

APRN licenses (CRNAs, CNSs, CNMs, CNPs) newly issued on or after April 6, 2017 will expire on November 1, 2019.

NATIONAL CERTIFICATION

APRNs must meet all requirements of the Board including maintaining national certification or recertification by the applicable national certifying organization. Please refer to the website for Board approved national certifying organizations.

http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf (http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf)

The Board requires primary source verification for APRN national recertification. For this to occur, you must request that your national certifying organization notify the Board directly within thirty days of your recertification. The Board will not accept documentation of recertification from an APRN.

Please request that the national certifying organization send the certification verification directly to the Board electronically at aprn@nursing.ohio.gov.

EDUCATION VERIFICATION

Education verification of a master's or doctoral degree with a major in a nursing specialty or in a related field that qualifies you to sit for a national certification examination is required. The education program must send a transcript directly to the Board via email at aprn@nursing.ohio.gov. Transcripts sent by the applicant will not be accepted. The degree or certificate, and date of completion must be indicated on the transcript.

CHECKING THE STATUS OF THE APPLICATION

To determine if your application has been received, please go to the Board's website at www.nursing.ohio.gov, click on "verification" and enter your name. Once your name appears, it will display as "submitted" until an APRN license is issued.

SOCIAL SECURITY NUMBER

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 10093, Sec. 1921 of the Social Security Act, as amended? 45 C.F.R. pt. 60)? reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.



License Endorsement Application

Personal Information

Background

Questions

Attachments

Review + Submit

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

First Name *

Middle Name

Last Name *

Maiden Name

* Social Security Number

Date of Birth *

Email Address *

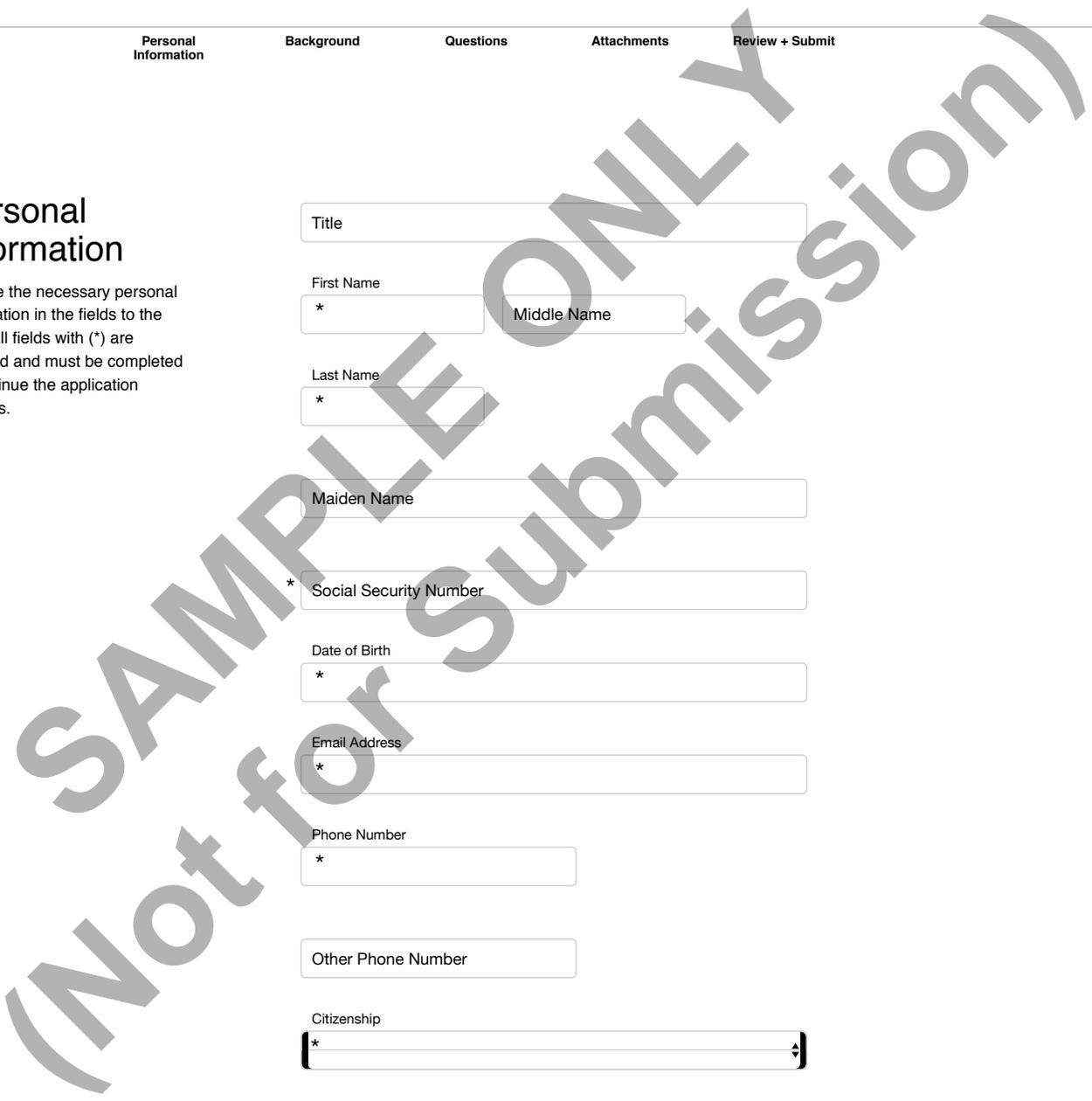
Phone Number *

Other Phone Number

Citizenship *

Additional Information

Do you have other aliases?



ADVANCED PRACTICE NURSE LICENSE APPLICATION

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

What is your gender?
*

What is your ethnicity?
*

In which country were you born?
*

In which state were you born (if United States)?

In which city were you born?
*

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

My Address

17 S High St Ste 400
Columbus OH 43215-3413
Franklin
United States

[USE DIFFERENT ADDRESS](#)

Military Service

If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

Have you served in the military?
*

Has your spouse served in the military?
*

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date



License Endorsement Application

Personal Information Background Questions Attachments Review + Submit

Education History

To add an educational institution to your profile, click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

Education Institution *

Educational Program Degree Type

* Degree Received

Enrollment Date * Graduation Date *

CANCEL ADD

Employment History

If you are applying for an RN: Are you currently employed in Ohio as an RN? If so, please identify employer and dates of employment. *If you are applying for a CRNA, CNS, CNM or CNP: If you are already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physicians and podiatrists. A CRNA is not required to have a collaborating physician. To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.

* Employer or Non-Working Activity

* Job Title Current

Start Date * End Date * Average Hours/Week

* Street Address

* City State (Ohio) * Zip/Postal Code

County * Country (United States)

Email Work Phone

ADVANCED PRACTICE NURSE LICENSE APPLICATION

CANCEL

License Verification

If you are applying for an RN by Examination: This section is not required. To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with () are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

*

License Type
*

*

*

Country
*

State

CANCEL

SAVE & FINISH LATER

SAMPLE ONLY
(Not for Submission)



License Endorsement Application

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Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers. Once you have answered all questions and saved your answers, click Save and Continue to progress through the application.

Have you met the pharmacology requirements outlined [here](http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf) (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf)?

Yes No

Are you currently engaged in the practice of nursing as a Certified Nurse-Midwife, in Ohio?

Yes No

Have you ever practiced as a CNM in another state or U.S. territory?

Yes No

Do you hold authority to practice in good standing in another jurisdiction as a CNM?

Yes No

Enter that state and license number

Did you obtain national certification in your specialty from a national certifying organization on or before December 31, 2000?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

Yes No

ADVANCED PRACTICE NURSE LICENSE APPLICATION

If yes to previous question - Was the felony any of the following: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary?

Yes No

Was the felony a drug offense?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

Yes No

Have you been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent by a probate court, or been found incompetent to stand trial by a court?

Yes No

Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Yes No

Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

Yes No

Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio, other than this Board?

Yes No

Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

Yes No

Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Yes No

ADVANCED PRACTICE NURSE LICENSE APPLICATION

Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

Yes No

If you answered "Yes" to the previous question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using chemical substances or controlled substances?

Yes No

Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

Yes No

SAVE ANSWERS

SAVE & FINISH LATER

SAVE AND CONTINUE



License Endorsement Application

Personal Information

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Review + Submit

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Proof of Pharmacology Requirements

Please upload a copy of supporting documentation proving you meet the pharmacology requirements outlined [here](http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf) (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf), within the last 5 years.

ADD ATTACHMENT

APRN Transcript

I will request that verification of my master's or doctoral degree with a major in a nursing specialty or related field that qualifies me to sit for a national cert. exam and post master's certificate (if applicable) be sent to the Board by the program.

ATTEST

National Certification

I acknowledge that I will request that a Board approved national certifying organization send verification of my national certification directly to the Board via email.

ATTEST

SAVE & FINISH LATER

SAVE AND CONTINUE



License Endorsement Application

Personal Information Background Questions Attachments Review + Submit

Application Review

Completed

Attestation

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

I am the person in this application and the statements made herein and the documents submitted are true and accurate.

I am requesting a designation to practice as a Certified Nurse Midwife (CNM).

I will maintain certification by a national certifying organization approved by the Board in my designated area of advanced nursing practice. I understand that my license will be automatically suspended if I fail to maintain and provide documentation to the Board of current, valid certification by a national certifying organization.

I understand that as a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist I must practice only in accordance with a standard care arrangement entered into with one or more collaborating physicians or podiatrists. The standard care arrangement must comply with the criteria specified in Section 4723.431, ORC and Chapter 4723-8, OAC. I further understand that the standard care arrangement shall be retained and be available upon request. This requirement does not apply to employees of the Federal Veterans Administration (VA).

If I have not identified a collaborating physician/podiatrist, I will provide the Board the name and business address of each collaborating physician/podiatrist within 30 days after first engaging in practice. This requirement does not apply to employees of the Federal Veterans Administration (VA).

I have read and understand this Attestation and I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28, ORC.

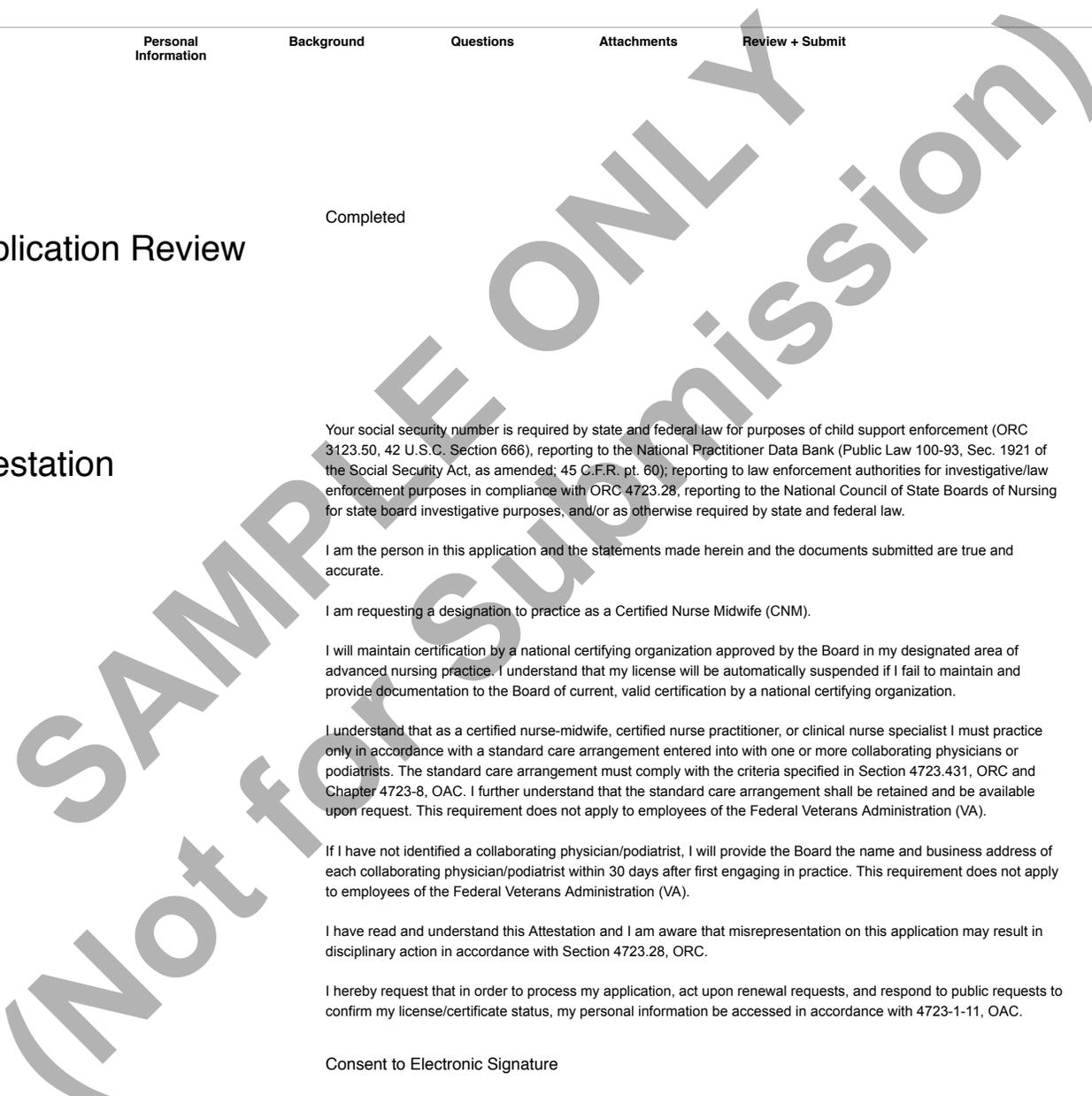
I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with 4723-1-11, OAC.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Testa Tester)



Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT

SAMPLE ONLY
(Not for Submission)

Application Instructions

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License Endorsement Application

Personal Information

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Review + Submit

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

First Name

Middle Name

Last Name *

Maiden Name

* Social Security Number

Date of Birth *

Email Address *

Phone Number *

Other Phone Number

Citizenship *

Additional Information

Do you have other aliases?

SAMPLE ONLY (Not for Submission)

ADVANCED PRACTICE NURSE LICENSE APPLICATION

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

What is your gender?
*

What is your ethnicity?
*

In which country were you born?
*

In which state were you born (if United States)?

In which city were you born?
*

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

My Address

17 S High St Ste 400
Columbus OH 43215-3413
Franklin
United States

[USE DIFFERENT ADDRESS](#)

Military Service

If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

Have you served in the military?
*

Has your spouse served in the military?
*

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date



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Education History

To add an educational institution to your profile, click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

Education Institution *

Educational Program Degree Type

* Degree Received

Enrollment Date * Graduation Date *

CANCEL ADD

Employment History

If you are applying for an RN: Are you currently employed in Ohio as an RN? If so, please identify employer and dates of employment. *If you are applying for a CRNA, CNS, CNM or CNP: If you are already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physicians and podiatrists. A CRNA is not required to have a collaborating physician. To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.

* Employer or Non-Working Activity

* Job Title Current

Start Date * End Date * Average Hours/Week

* Street Address

* City State * Zip/Postal Code

County * Country * United States

Email Work Phone

ADVANCED PRACTICE NURSE LICENSE APPLICATION

CANCEL

License Verification

If you are applying for an RN by Examination: This section is not required. To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with () are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

* License Number

License Type
*

* Board Name

* Status

Expiration Date

Country
*

State

CANCEL

SAVE & FINISH LATER

SAMPLE ONLY
(Not for Submission)



License Endorsement Application

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Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers. Once you have answered all questions and saved your answers, click Save and Continue to progress through the application.

Have you met the pharmacology requirements outlined [here](http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf) (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf)?

Yes No

Are you currently engaged in the practice of nursing as a Certified Nurse Practitioner, in Ohio?

Yes No

Have you ever practiced as a CNP in another state or U.S. territory?

Yes No

Do you hold authority to practice in good standing in another jurisdiction as a CNP?

Yes No

Enter that state and license number

Did you obtain national certification in your specialty from a national certifying organization on or before December 31, 2000?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

Yes No

ADVANCED PRACTICE NURSE LICENSE APPLICATION

If yes to previous question - Was the felony any of the following: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary?

Yes No

Was the felony a drug offense?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

Yes No

Have you been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent by a probate court, or been found incompetent to stand trial by a court?

Yes No

Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Yes No

Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

Yes No

Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio, other than this Board?

Yes No

Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

Yes No

Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Yes No

ADVANCED PRACTICE NURSE LICENSE APPLICATION

Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

Yes No

If you answered "Yes" to the previous question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using chemical substances or controlled substances?

Yes No

Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

Yes No

SAVE ANSWERS

SAVE & FINISH LATER

SAVE AND CONTINUE



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Review + Submit

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

National Certification

I acknowledge that I will request that a Board approved national certifying organization send verification of my national certification directly to the Board via email.

ATTEST

APRN Transcript

I will request that verification of my master's or doctoral degree with a major in a nursing specialty or related field that qualifies me to sit for a national cert. exam and post master's certificate (if applicable) be sent to the Board by the program.

ATTEST

Proof of Pharmacology Requirements

Please upload a copy of supporting documentation proving you meet the pharmacology requirements outlined [here](http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723_482.pdf) (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723_482.pdf), within the last 5 years.

ADD ATTACHMENT

SAVE & FINISH LATER

SAVE AND CONTINUE



License Endorsement Application

Personal Information Background Questions Attachments Review + Submit

Application Review

Completed

Attestation

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

I am the person in this application and the statements made herein and the documents submitted are true and accurate.

I am requesting a designation to practice as a Certified Nurse Practitioner (CNP).

I will maintain certification by a national certifying organization approved by the Board in my designated area of advanced nursing practice. I understand that my license will be automatically suspended if I fail to maintain and provide documentation to the Board of current, valid certification by a national certifying organization.

I understand that as a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist I must practice only in accordance with a standard care arrangement entered into with one or more collaborating physicians or podiatrists. The standard care arrangement must comply with the criteria specified in Section 4723.431, ORC and Chapter 4723-8, OAC. I further understand that the standard care arrangement shall be retained and be available upon request. This requirement does not apply to employees of the Federal Veterans Administration (VA).

If I have not identified a collaborating physician/podiatrist, I will provide the Board the name and business address of each collaborating physician/podiatrist within 30 days after first engaging in practice. This requirement does not apply to employees of the Federal Veterans Administration (VA).

I have read and understand this Attestation and I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28, ORC.

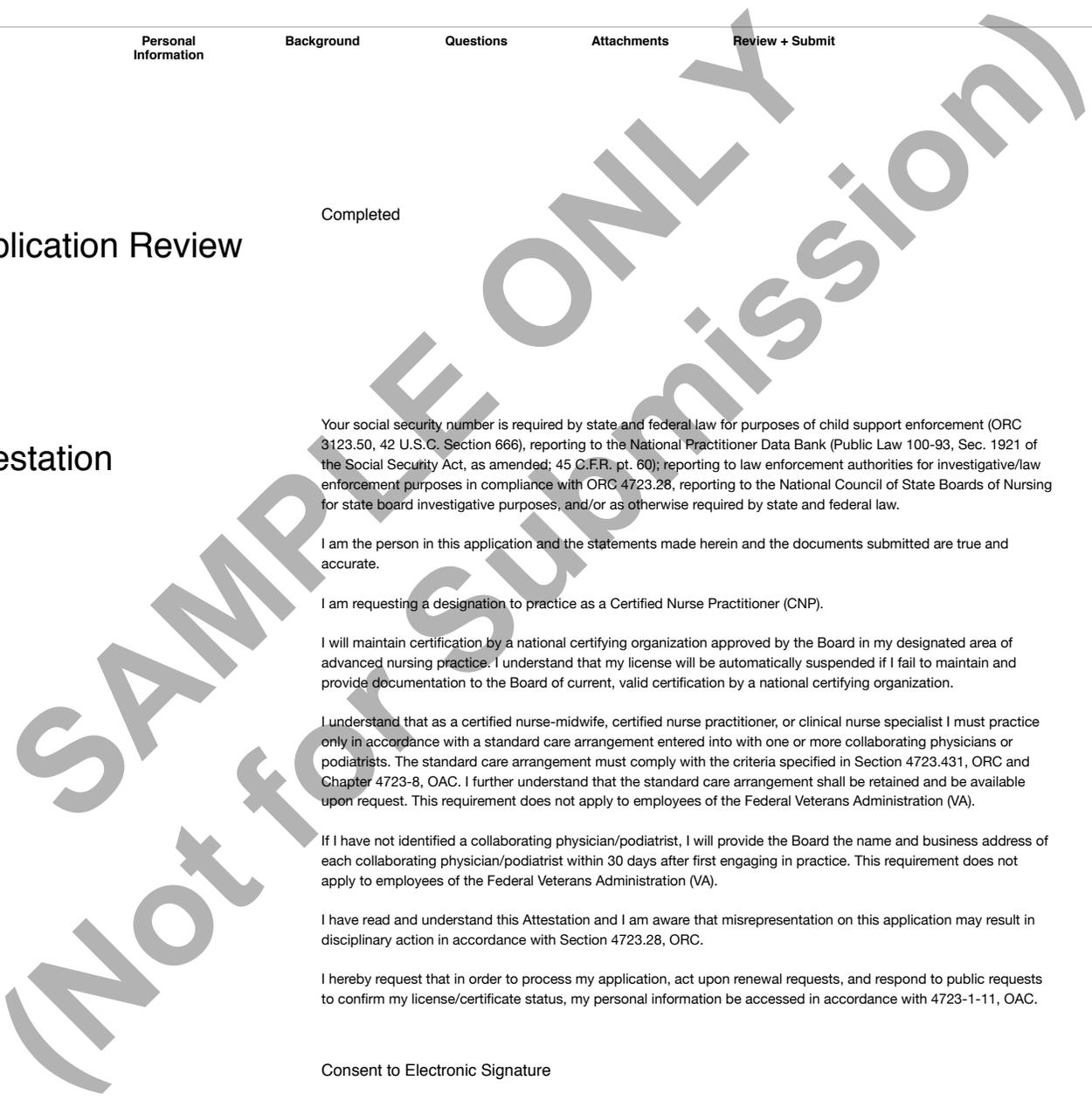
I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with 4723-1-11, OAC.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Testa Tester)



Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT

SAMPLE ONLY
(Not for Submission)

Application Instructions

APRN LICENSE INSTRUCTIONS AND REQUIREMENTS

Eligibility for an APRN to practice as Clinical Nurse Specialist (CNS) in Ohio also requires the possession of a valid Ohio RN license.

Please have the following information available:

1. Complete address information. You will be asked to verify or update the mailing address. If you update your address, be sure to select the new address as your "mailing address" in the system. You are required by law to provide the Board with a valid address where all communication from the Board will be sent.
2. Your Social Security Number if you have obtained a new Social Security Number since your last renewal.
3. Your email address is required for maintaining your online account and payment confirmation.
4. A valid credit or debit card (Visa, MasterCard or Discover).

INITIAL APRN LICENSE APPLICATION

Applications may be submitted before you finish your APRN education, or before you take your national certification exam. Applications are maintained for a year, and application documents will be added to your file as you submit them. If the application remains incomplete for one year, the application and fee will be forfeited.

Pharmacology Requirements for CNPs, CNSs, and CNMs

Beginning April 6, 2017, HB 216 requires that APRNs be licensed rather than certified. The license will designate APRNs as CRNAs, CNMs, CNSs, or CNPs. HB 216 also grants prescriptive authority through licensure to CNSs, CNMs, and CNPs if requirements are met. You can no longer receive a CNS, CNM, or CNP without also meeting these new pharmacology requirements.

You will need to demonstrate that you earned a master's or doctoral degree with a major in nursing, and that degree included 45 hours of ORC 4723.482 specified content within the past 5 years; or that you have completed 45 hours of ORC 4723.482 specified content in the last five years. For the requirements go to http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf).

FEES

A \$150 non-refundable fee must accompany this application and will be processed electronically.

APRN licenses (CRNAs, CNSs, CNMs, CNPs) newly issued on or after April 6, 2017 will expire on November 1, 2019.

NATIONAL CERTIFICATION

APRNs must meet all requirements of the Board including maintaining national certification or recertification by the applicable national certifying organization. Please refer to the website for Board approved national certifying organizations.

http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf (http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf)

The Board requires primary source verification for APRN national recertification. For this to occur, you must request that your national certifying organization notify the Board directly within thirty days of your recertification. The Board will not accept documentation of recertification from an APRN.

Please request that the national certifying organization send the certification verification directly to the Board electronically at aprn@nursing.ohio.gov.

EDUCATION VERIFICATION

Education verification of a master's or doctoral degree with a major in a nursing specialty or in a related field that qualifies you to sit for a national certification examination is required. The education program must send a transcript directly to the Board via email at aprn@nursing.ohio.gov. Transcripts sent by the applicant will not be accepted. The degree or certificate, and date of completion must be indicated on the transcript.

CHECKING THE STATUS OF THE APPLICATION

To determine if your application has been received, please go to the Board's website at www.nursing.ohio.gov, click on "verification" and enter your name. Once your name appears, it will display as "submitted" until an APRN license is issued.

SOCIAL SECURITY NUMBER

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 10093, Sec. 1921 of the Social Security Act, as amended? 45 C.F.R. pt. 60)? reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.



License Endorsement Application

Personal Information

Background

Questions

Attachments

Review + Submit

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

First Name *

Middle Name

Last Name *

Maiden Name

* Social Security Number

Date of Birth *

Email Address *

Phone Number *

Other Phone Number

Citizenship *

Additional Information

Do you have other aliases?

SAMPLE ONLY (Not for Submission)

ADVANCED PRACTICE NURSE LICENSE APPLICATION

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

What is your gender?
*

What is your ethnicity?
*

In which country were you born?
*

In which state were you born (if United States)?

In which city were you born?
*

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

My Address

17 S High St Ste 400
Columbus OH 43215-3413
Franklin
United States

[USE DIFFERENT ADDRESS](#)

Military Service

If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

Have you served in the military?
*

Has your spouse served in the military?
*

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date



License Endorsement Application

Personal Information Background Questions Attachments Review + Submit

Education History

To add an educational institution to your profile, click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

Education Institution *

Educational Program Degree Type

* Degree Received

Enrollment Date * Graduation Date *

CANCEL ADD

Employment History

`<table border="0" cellpadding="0" cellspacing="0"><tbody><tr><td colspan="1" rowspan="1">*If you are applying for an RN: Are you currently employed in Ohio as an RN? If so, please identify employer and dates of employment. *If you are applying for a CRNA, CNS, CNM or CNP: If you are already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physicians and podiatrists. A CRNA is not required to have a collaborating physician. To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.</td></tr></tbody></table>`

* Employer or Non-Working Activity

* Job Title Current

Start Date * End Date * Average Hours/Week

* Street Address

* City State (Ohio) * Zip/Postal Code

County * Country (United States)

Email Work Phone

ADVANCED PRACTICE NURSE LICENSE APPLICATION

CANCEL

License Verification

If you are applying for an RN by Examination: This section is not required. To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with () are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

*

License Type
*

*

*

Country
*

State

CANCEL

SAVE & FINISH LATER

SAMPLE ONLY
(Not for Submission)



License Endorsement Application

Personal Information

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Review + Submit

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers. Once you have answered all questions and saved your answers, click Save and Continue to progress through the application.

Have you met the pharmacology requirements outlined [here](http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf) (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf)?

Yes No

Are you currently engaged in the practice of nursing as a Clinical Nurse Specialist, in Ohio?

Yes No

Have you ever practiced as a CNS in another state or U.S. territory?

Yes No

Do you hold authority to practice in good standing in another jurisdiction as a CNS?

Yes No

Enter that state and license number

Did you obtain a master's or doctoral degree with a major in a clinical area of nursing from an educational institution accredited by a national or regional accrediting organization on or before December 31, 2000?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

Yes No

ADVANCED PRACTICE NURSE LICENSE APPLICATION

If yes to previous question - Was the felony any of the following: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary?

Yes No

Was the felony a drug offense?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

Yes No

Have you been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent by a probate court, or been found incompetent to stand trial by a court?

Yes No

Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Yes No

Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

Yes No

Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio, other than this Board?

Yes No

Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

Yes No

Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Yes No

ADVANCED PRACTICE NURSE LICENSE APPLICATION

Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

Yes No

If you answered "Yes" to the previous question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using chemical substances or controlled substances?

Yes No

Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

Yes No

SAVE ANSWERS

SAVE & FINISH LATER

SAVE AND CONTINUE



License Endorsement Application

Personal Information

Background

Questions

Attachments

Review + Submit

Attachments

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Proof of Pharmacology Requirements

Please upload a copy of supporting documentation proving you meet the pharmacology requirements outlined [here](http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf) (http://www.nursing.ohio.gov/PDFS/AdvPractice/ORC_4723.482.pdf), within the last 5 years.

ADD ATTACHMENT

APRN Transcript

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ATTEST

SAVE & FINISH LATER

SAVE AND CONTINUE



License Endorsement Application

Personal Information Background Questions Attachments Review + Submit

Application Review

Completed

Attestation

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

I am the person in this application and the statements made herein and the documents submitted are true and accurate.

I am requesting a designation to practice as a Clinical Nurse Specialist (CNS).

I will maintain certification by a national certifying organization approved by the Board in my designated area of advanced nursing practice. I understand that my license will be automatically suspended if I fail to maintain and provide documentation to the Board of current, valid certification by a national certifying organization.

I understand that as a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist I must practice only in accordance with a standard care arrangement entered into with one or more collaborating physicians or podiatrists. The standard care arrangement must comply with the criteria specified in Section 4723.431, ORC and Chapter 4723-8, OAC. I further understand that the standard care arrangement shall be retained and be available upon request. This requirement does not apply to employees of the Federal Veterans Administration (VA).

If I have not identified a collaborating physician/podiatrist, I will provide the Board the name and business address of each collaborating physician/podiatrist within 30 days after first engaging in practice. This requirement does not apply to employees of the Federal Veterans Administration (VA).

I have read and understand this Attestation and I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28, ORC.

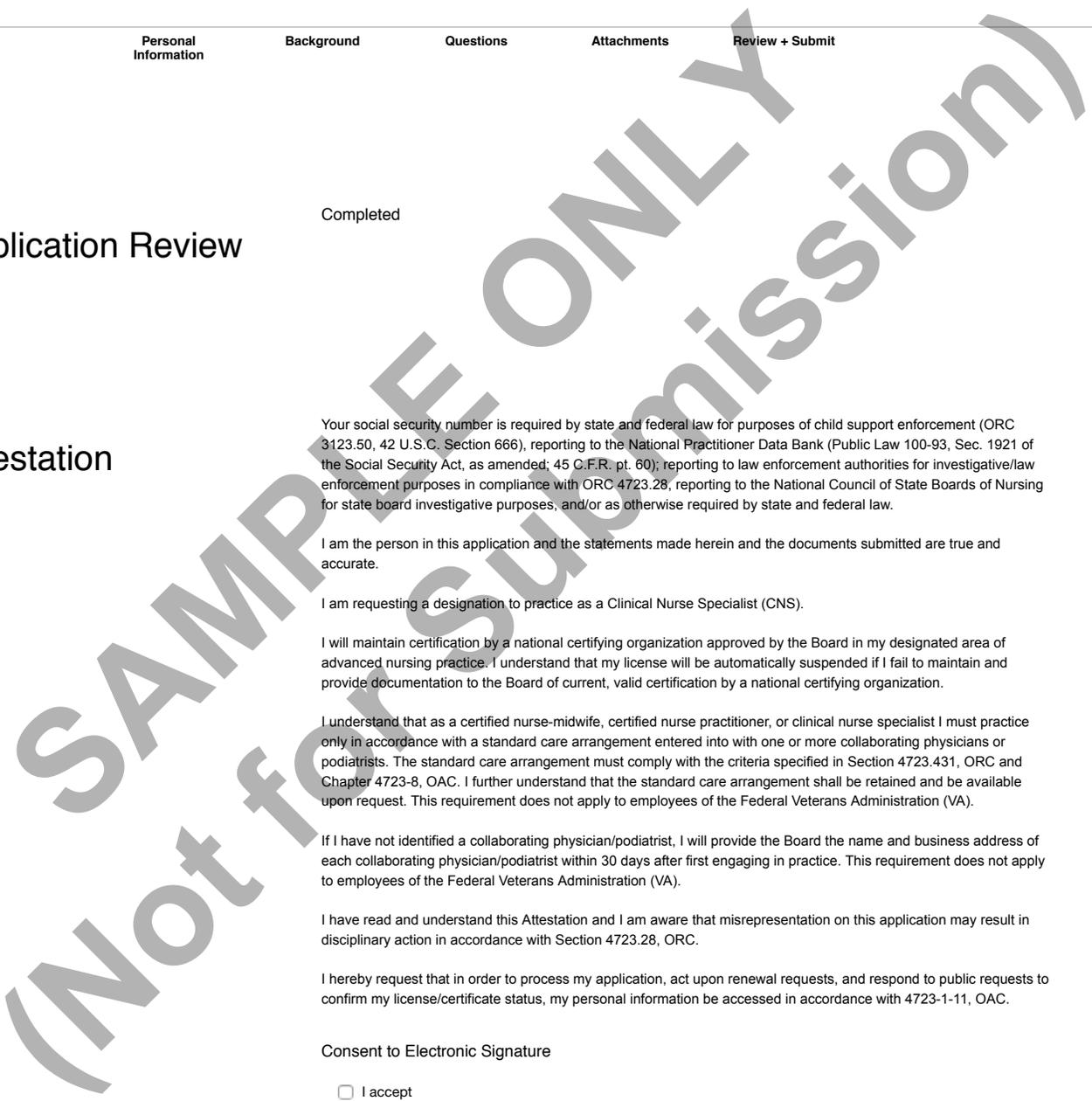
I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with 4723-1-11, OAC.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Testa Tester)



Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT

SAMPLE ONLY
(Not for Submission)

Application Instructions

APRN LICENSE INSTRUCTIONS AND REQUIREMENTS

Eligibility for an APRN to practice as a Certified Registered Nurse Anesthetist (CRNA) in Ohio also requires the possession of a valid Ohio RN license.

Please have the following information available:

1. Complete address information. You will be asked to verify or update the mailing address. If you update your address, be sure to select the new address as your "mailing address" in the system. You are required by law to provide the Board with a valid address where all communication from the Board will be sent.
2. Your Social Security Number if you have obtained a new Social Security Number since your last renewal.
3. Your email address is required for maintaining your online account and payment confirmation.
4. A valid credit or debit card (Visa, MasterCard or Discover).

INITIAL APRN LICENSE APPLICATION

Applications may be submitted before you finish your APRN education, or before you take your national certification exam. Applications are maintained for a year, and application documents will be added to your file as you submit them. If the application remains incomplete for one year, the application and fee will be forfeited.

FEE

A \$150 non-refundable fee must accompany this application and will be processed electronically.

APRN licenses (CRNAs, CNSs, CNMs, CNPs) newly issued on or after April 6, 2017 will expire on November 1, 2019.

NATIONAL CERTIFICATION

APRNs must meet all requirements of the Board including maintaining national certification or recertification by the applicable national certifying organization. Please refer to the website for Board approved national certifying organizations.

http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf
(http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf)

The Board requires primary source verification for APRN national recertification. For this to occur, you must request that your national certifying organization notify the Board directly within thirty days of your recertification. The Board will not accept documentation of recertification from an APRN.

Please request that the national certifying organization send the certification verification directly to the Board electronically at aprn@nursing.ohio.gov.

EDUCATION VERIFICATION

Education verification of a master's or doctoral degree with a major in a nursing specialty or in a related field that qualifies you to sit for a national certification examination is required. The education program must send a transcript directly to the Board via email at aprn@nursing.ohio.gov.

Transcripts sent by the applicant will not be accepted. The degree or certificate, and date of completion must be indicated on the transcript.

CHECKING THE STATUS OF THE APPLICATION

To determine if your application has been received, please go to the Board's website at www.nursing.ohio.gov, click on "verification" and enter your name. Once your name appears, it will display as "submitted" until an APRN license is issued.

SOCIAL SECURITY NUMBER

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 10093, Sec. 1921 of the Social Security Act,

as amended? 45 C.F.R. pt. 60)? reporting to law enforcement authorities for investigative law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

PROCEED TO APPLICATION

**SAMPLE ONLY
(Not for Submission)**



License Endorsement Application

Personal Information

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

First Name

*

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

Email Address

*

Phone Number

*

Other Phone Number

Citizenship

*

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?

What is your gender?

*

What is your ethnicity?

*

In which country were you born?

*

In which state were you born (if United States)?

In which city were you born?

*

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

My Address

17 S High St Ste 400
Columbus OH 43215-3413
Franklin
United States

 USE DIFFERENT ADDRESS

Military Service

If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

Have you served in the military?

*

Has your spouse served in the military?

*

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date

SAMPLE ONLY
(Not for Submission)

SAVE & FINISH LATER

SAVE AND CONTINUE



License Endorsement Application

Personal Information

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Attachments

Review + Submit

Education History

To add an educational institution to your profile, click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

Education Institution *

Educational Program Degree Type

* Degree Received

Enrollment Date * Graduation Date *

CANCEL ADD

Employment History

If you are applying for an RN: Are you currently employed in Ohio as an RN? If so, please identify employer and dates of employment. *If you are applying for a CRNA, CNS, CNM or CNP: If you are already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physicians and podiatrists. A CRNA is not required to have a collaborating physician. To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.

* Employer or Non-Working Activity

* Job Title Current

Start Date * End Date * Average Hours/Week

* Street Address

* City State * Zip/Postal Code

County * Country * United States

Email Work Phone

ADVANCED PRACTICE NURSE LICENSE APPLICATION

CANCEL

License Verification

If you are applying for an RN by Examination: This section is not required. To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with () are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

*

License Type
*

*

*

Country
*

State

CANCEL

SAVE & FINISH LATER

SAMPLE ONLY
(Not for Submission)



License Endorsement Application

Personal Information

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Attachments

Review + Submit

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers. Once you have answered all questions and saved your answers, click Save and Continue to progress through the application.

Are you currently engaged in the practice of nursing as a Certified Registered Nurse Anesthetist, In Ohio?

Yes No

Have you ever practiced as a CRNA in another state or U.S. territory?

Yes No

Do you hold authority to practice in good standing in another jurisdiction as a CRNA?

Yes No

Enter that state and license number

Did you obtain national certification in your specialty from a national certifying organization on or before December 31, 2000?

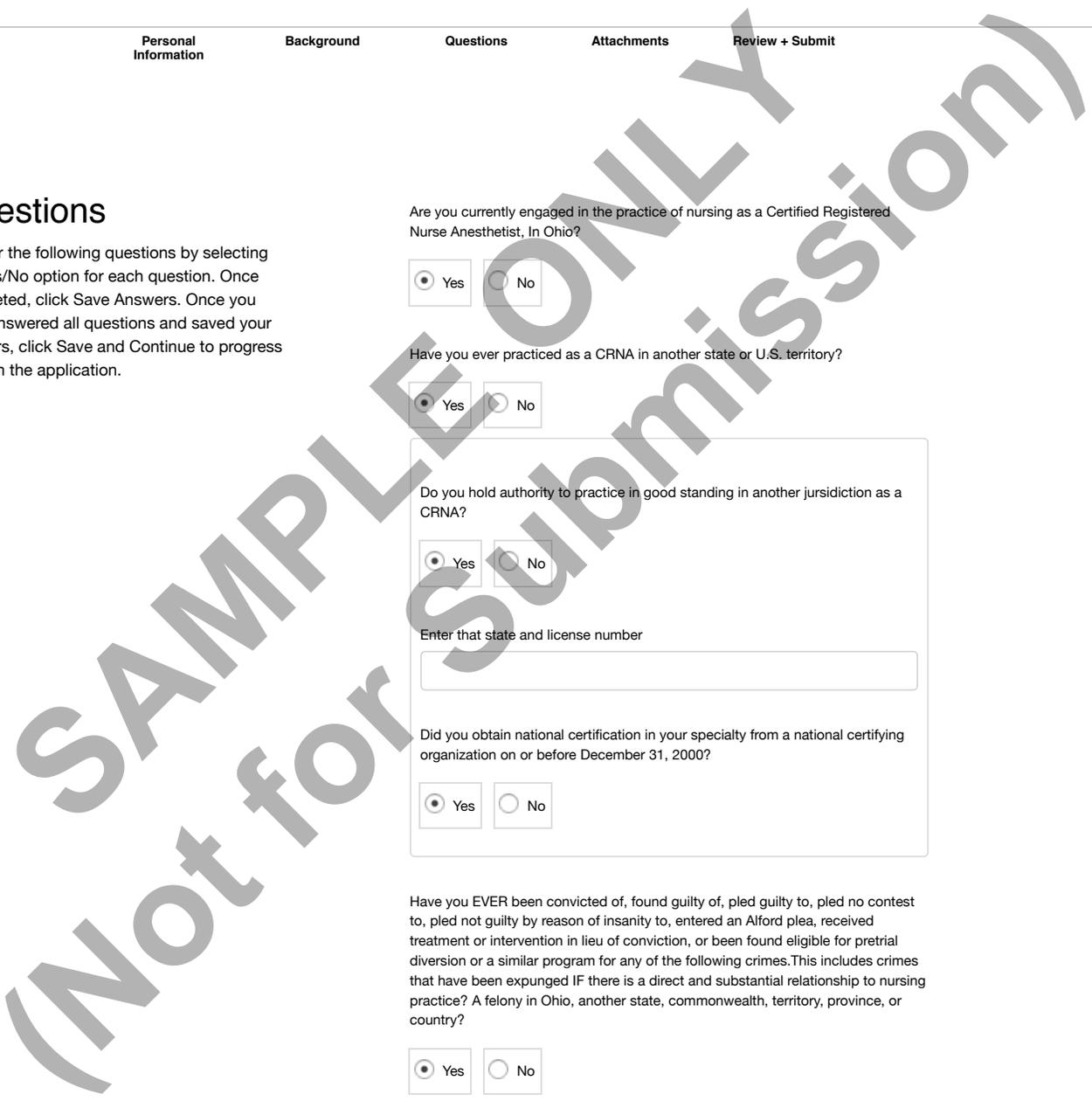
Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

Yes No

If yes to previous question - Was the felony any of the following: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary?

Yes No



ADVANCED PRACTICE NURSE LICENSE APPLICATION

Was the felony a drug offense?

Yes No

Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

Yes No

Have you been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent by a probate court, or been found incompetent to stand trial by a court?

Yes No

Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Yes No

Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

Yes No

Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio, other than this Board?

Yes No

Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

Yes No

Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Yes No

Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

ADVANCED PRACTICE NURSE LICENSE APPLICATION

Yes No

Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

Yes No

If you answered "Yes" to the previous question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using chemical substances or controlled substances?

Yes No

Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

Yes No

SAVE ANSWERS

SAVE & FINISH LATER

SAVE AND CONTINUE

SAMPLE ONLY (Not for Submission)



License Endorsement Application

Personal Information

Background

Questions

Attachments

Review + Submit

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

APRN Transcript

I will request that verification of my master's or doctoral degree with a major in a nursing specialty or related field that qualifies me to sit for a national cert. exam and post master's certificate (if applicable) be sent to the Board by the program.

ATTEST

National Certification

I acknowledge that I will request that a Board approved national certifying organization send verification of my national certification directly to the Board via email.

ATTEST

SAVE & FINISH LATER

SAVE AND CONTINUE

SAMPLE ONLY (Not for Submission)



License Endorsement Application

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Review + Submit

Application Review

Completed

Attestation

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

I am the person in this application and the statements made herein and the documents submitted are true and accurate.

I am requesting a designation to practice as a Certified Registered Nurse Anesthetist (CRNA).

I will maintain certification by national certifying organization approved by the Board in a designated area of advanced nursing practice. I understand that my APRN license will be automatically suspended if I fail to maintain and provide documentation to the Board of current, valid certification.

I have read and understand this Attestation and I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28, ORC.

I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with 4723-1-11, OAC.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Testa Tester)

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

ADVANCED PRACTICE NURSE LICENSE APPLICATION

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT

**SAMPLE ONLY
(Not for Submission)**