



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Dialysis Technician Training Program Re-Approval Application

2015

Program Contact Information

Official name of program for publication _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

Email Address _____

Parent Company Contact Information

Name of organization providing program _____

Address (IF different from above) _____ City _____ State _____ Zip _____

Telephone Number () _____ Fax Number () _____

Email Address _____

Nurse Administrator Contact Information

Nurse Administrator (Must be an Ohio Registered Nurse) _____

Telephone Number () _____ Fax Number () _____

Email Address _____

Please provide the following information:

How many classes will be provided per year? _____ What is the expected average enrollment per class? _____

Is off-site clinical instruction provided? Yes No

If yes, please list all clinical site(s) used: Please attach a separate piece of paper for additional listings.

Name of clinical site _____

Contact Person _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

Will there be contracts with other facilities to provide clinical experience? Yes No

If yes, please list all other facilities used: Please attach a separate piece of paper for additional listings.

Name of clinical site _____

Contact Person _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

Please submit with Form B and \$300 certified check or money order made payable to "Treasurer State of Ohio". Incomplete submissions will NOT be processed.



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Program Name: _____

Program Administrator: _____

Verification of Rule Compliance:

Please indicate that the above mentioned dialysis technician training program meets the following standards.

Table with 2 columns: Question, Yes, No. Contains 7 rows of compliance questions with checkboxes.

I attest that the above information represents accurately the information on file for the specified dialysis technician training program.

Signature: _____ Date: _____