

**FORM F**



**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

**CURRENT EMPLOYER LIST**

Applicant/Participant Name: \_\_\_\_\_

List **ALL** current employers, both nursing and non-nursing:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Status: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Status: \_\_\_\_\_

Supervisor: \_\_\_\_\_

I am not currently employed \_\_\_\_\_ (initial if applicable)

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

Effective April 2015