



## License Selection

Select the Board for which you are seeking a license. Next, select the license type, individual license, and application type.

Select a Board

Select a License

Select an Application Type

## Eligibility

By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.

Do you have a high school diploma or GED?

Yes  No

Are you at least 18 years of age?

Yes  No

## Application Instructions

Provide the information necessary for the license application. Once finished, click which type of Save option desired.

### Application Instructions

**Active DTI certificate holders who have passed the BONENT or NNCO certification examination within 18 months after successfully completing an approved dialysis training program**

You may be eligible for an OCDT after the following documentation has been received:

#### **1. Form C - Verification of Passing BONENT or NNCO Certification Examination**

To download Form C, click on the Dialysis technicians link on the Board's website.

#### **2. Form D - Performance Verification**

To download Form D, click on the Dialysis technicians link on the Board's website.

#### **3. Criminal Records Check**

Refer to the website for more information. [http://www.nursing.ohio.gov/pdfs/CRC\\_Process.pdf](http://www.nursing.ohio.gov/pdfs/CRC_Process.pdf)

\* Applicants applying for an OCDT must have performed dialysis care for a dialysis provider not less than twelve months immediately prior to the date of application.

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**DTI certificate holders who do not pass the BONENT or NNCO certification examination within 18 months after successfully completing an approved dialysis training program and prior to the expiration of your DTI**

You are required to enroll in and successfully complete an approved dialysis training program and repeat the process to obtain a DTI (you will need to reapply for a DTI). You are required to work for 12 months under this DTI but will not be required to retake the BONENT or NNCO certification examination.

To obtain an OCDT certificate after practicing for 12 months, while holding this active DTI, the following documentation must be received:

**1. Form D - Performance Verification**

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**Out of State Applicants who have passed BONENT or NNCO certification examination without having been issued a DTI**

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A \$35 non-refundable fee must accompany this application and will be processed electronically.

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**5. Documentation of two (2) contact hours of continuing education (CE) directly related to the Ohio law & rules**

A list of On-Line Resources for Ohio Law and Rules can be found under the Continuing Education link on the Board's website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov).

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To determine the status of your application, please go to the Board's website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov), click on "Verify a License or Certificate" and enter your name. Once your name appears, it will display as "pending" until your dialysis technician intern certificate is issued.

The application is void and the fee is forfeited if the requirements for a dialysis technician intern certificate are not met within one year from the date the application is received by the Board.

For questions about the application or instructions, please email [dialysis@nursing.ohio.gov](mailto:dialysis@nursing.ohio.gov).

CANCEL

SAVE AND CONTINUE



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CANCEL

SAVE AND CONTINUE



# New License 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 Dialysis Technician Application

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.

Mailing  
Address





+ ADD ADDRESS

SAVE AS MAILING

## Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

\*

Has your spouse served in the military?

\*

Country of Service

--None--

Service Branch

--None--

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

--None--

Were you honorably discharged from your service?

--None--

Service Start Date

Service End Date

SAVE & FINISH LATER

SAVE AND CONTINUE



# New License Application

## Background

### Education History

Please provide information related to your dialysis technician training program AND your high school or GED information. 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

## License Verification

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.

**ADD LICENSE**

## Previous License

Please enter your Dialysis Technican Intern (DTI) license number if you currently hold a valid DTI license.

DTI License Number



**SAVE & FINISH LATER**

**SAVE AND CONTINUE**

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# New License Application

## Questions

### Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers.

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 your practice as a Dialysis Technician? 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

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 your practice as a Dialysis Technician? 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, or 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?

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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SAMPLE ONLY  
(Not for Submission)



# New License Application

## Attachments

### 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.

#### BCI/FBI Background Check

I acknowledge that I will complete BCI and FBI background checks.

**ATTEST**

#### Form C - Verification of Passing BONENT or NNCO Certification Examination

I acknowledge that the dialysis technician testing organization must send Form C directly to the Board.

**ATTEST**

#### Form D - Application for Dialysis Technician Performance Verification

I acknowledge that my dialysis technician employer must send Form D directly to the Board.

**ATTEST**

I acknowledge that my certification examination results must be sent directly to the Board by the testing organization or the training program.

ATTEST

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SAVE & FINISH LATER

SAVE AND CONTINUE

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SAMPLE ONLY  
(Not for Submission)





# New License Application

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, and/or as otherwise required by state and federal law.

I am the person in this application for Certification and the statements made herein are true and accurate. No person who does not hold a current, valid dialysis technician intern certificate shall claim to the public to be a dialysis technician intern, or use the title "dialysis technician intern," the initials "DTI," or any other title or initials to represent that the person is authorized to perform dialysis care as a dialysis technician intern. I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my certificate status, my personal information be accessed in accordance with OAC 4723-1-11 (D)(2)(d)(ii). I have read and understand this Attestation and consent for fingerprinting.

Consent to Electronic Signature

I accept

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

()

## 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](#)

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