

Online Renewal Preview 2015

Credential Definition:

CTP (Prescriptive Authority)

BEFORE CONTINUING - PLEASE VERIFY THAT YOUR NAME IS DISPLAYED JUST ABOVE THIS MESSAGE. IF YOU SEE A NAME OTHER THAN YOUR OWN, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV FOR ASSISTANCE.

Welcome to the Ohio Board of Nursing Online Renewal Site!

Please have the following information available:

1. Complete address information. You will be asked to verify or update the "Credential Mail Address". 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 payment confirmation. An email address is not required for renewal.
4. A valid credit card (Visa or MasterCard).

IF THIS IS NOT YOUR FIRST RN LICENSE RENEWAL, YOU MUST COMPLETE ALL REQUIRED CONTACT HOURS OF CONTINUING EDUCATION (CE) INCLUDING THE MANDATORY ONE HOUR OF LAW (ORC CHAPTER 4723) AND RULES (OAC RULES 4723-01 THROUGH 4723-27) RELATING TO NURSING PRACTICE IN OHIO BY AUGUST 31, 2015.

If you wish to place your license/certificate on inactive status, you must submit your request in writing. Please contact the Board Renewal Unit by email at renewal@nursing.ohio.gov, fax at 614-466-0388 or by mailing your request to the Board by August 31, 2015, or your license will lapse.

Your license/certificate is not considered renewed until your application and fee are received and processed by the Board. If your payment is denied, your license/certificate will not verify online. Your license/certificate will lapse after August 31, 2015 if fees are not paid.

(NOTE: You will be asked for a phone number on the payment screen in case the bank needs to contact you. When you get the renewal receipt, that number will be replaced by a 555-555-5555 number by the bank for security reasons.)

If you have all the information listed above, click the "NEXT" button to continue.

APRNs who are authorized to prescribe are reminded that Board Rule 4723-9-12, OAC, sets forth certain situations which require review of OARRS prior to prescribing or personally furnishing a controlled substance to a patient. For information, see the Board's website, and to register for OARRS, go to www.ohiopmp.gov.

Instructions

CE Completed?

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	Have you completed or will you complete prior to August 31, 2015 your 12 contact hours of advanced pharmacology continuing education, or if the certificate has been held for less than a full renewal period at least 6 contact hours? This includes instruction specific to controlled substances.	[CS: Completed 12 hours ? (CE # 1)]

Note: There is no ability to request a waiver from this required Pharmacology CE for APRN Prescribers.

Compliance

Compliance CTP

The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original certificate application was filed. Have you 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 the crime has a direct and substantial relationship to nursing practice.

Question #	Online Question Text	User Defined Field
Required → 1	Please answer the following question.	[CS: Prescribed Medications in Accordance ?]

Have you prescribed medications in accordance with ALL of the following:

- Relevant Ohio law and rules;
- The standard care arrangement developed with at least one collaborating physician;
- and the Formulary established by the Committee on Prescriptive Governance (CPG) ?

APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.

Compliance (cont.)

Compliance CTP 2

OARRS Registration for CTP Holders (HB 341): Effective April 1, 2015 Ohio law sets forth certain situations where if you prescribe or personally furnish opioid analgesics or benzodiazepines, you are required to have access to OARRS either through registration or the ability to access an OARRS integrated service such as NARxCHECK. If you do not have access and prescribe opioid analgesics or benzodiazepines, it is a violation of Ohio law and may result in disciplinary action. The Board is required by law to check licensees who renew their CTP to determine if they are in compliance with OARRS requirements. To register for OARRS, go to www.ohiopmp.gov.

OARRS Registration for CTP Holders (Board Rule 4723-9-12, OAC): This Rule sets forth certain situations that require APRN prescribers to review OARRS prior to prescribing or personally furnishing a reported drug to a patient. You must have access to OARRS either through registration or the ability to access an OARRS integrated service such as NARxCHECK in order to meet these requirements. Not complying with Rule 4723-9-12, OAC, is a violation of the Nurse Practice Act and may result in disciplinary action. To register for OARRS, go to www.ohiopmp.gov.

Question #	Online Question Text	User Defined Field
Required → 1	I prescribe or personally furnish opioid analgesics or benzodiazepines and I have registered for OARRS or have the ability to access an OARRS integrated service such as NARxCHECK.	[CS: Renewal Prescribe/Furnish Opioids or Benzos?]

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Attestation, COA

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	I understand that I am required to renew my RN, each COA (NP, NS, NM, NA) I may hold, and my CTP (if applicable) as separate transactions within this system.	[CS: Renewal All Credentials]
Required → 2	I verify that all information provided is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28 (A) and/or (B), ORC.	[CC: Attestation (CTP Renewal answer)]

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COA Specialty Area

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	Please enter the zipcode where you practice with a certificate to prescribe.	[CS: Employment Zipcode]
Required → 2	Do you have a current, valid Drug Enforcement Administration (DEA) number?	[CS: Have a DEA number?]

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CTP Specialty Area

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	Enter your complete DEA number below. *If you are authorized to use a hospital's DEA number, please be sure to enter the entire DEA number, including your uniquely assigned 3 or 4 digit suffix (example:	[CS: DEA number 1]

BH1234567-0123).

- 2 If you have a second DEA number enter it below. *If you are authorized to use a hospital's DEA number, please be sure to enter the entire DEA number, including your uniquely assigned 3 or 4 digit suffix (example: BH1234567-0123). [CS: DEA number 2]
- 3 If you have a third DEA number enter it below. *If you are authorized to use a hospital's DEA number, please be sure to enter the entire DEA number, including your uniquely assigned 3 or 4 digit suffix (example: BH1234567-0123). [CS: DEA number 3]

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SAMPLE ONLY
(Not for Submission)