

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

Nursing Board

Select a License

Volunteer Certificate (VC)

Select an Application Type

General Application

Eligibility

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

I held a valid, unrestricted license to practice nursing in the state of Ohio as a LPN, RN, and/or APRN, or in any jurisdiction in the U.S. or practice in one or more branches of the U.S. armed forces for at least 10 years.

Yes No

Application Instructions

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

Application Instructions

The Board may issue, without examination, a volunteer's certificate to a qualified person who is retired from practice so that the person may provide nursing services to indigent and uninsured persons at any location, including a free clinic. A person shall be considered retired from practice if the person's license has expired

with the intention of ceasing to practice nursing as a registered nurse, licensed practical nurse, or advanced practice registered nurse for remuneration.

The holder of a volunteer's certificate may provide nursing services only to indigent and uninsured persons, but may do so at any location, including a free clinic. The holder shall not accept any form of remuneration for providing nursing services while in possession of the certificate. The board may suspend or revoke a volunteer's certificate on receiving proof satisfactory to the board that the holder has engaged in practice in this state outside the scope of the holder's certificate or that there are grounds for action against the person under section 4723.28 of the Revised Code. In revoking a certificate, the board may specify that the revocation is permanent.

- (1) There is no fee for a Volunteer Certificate
- (2) If you were not licensed in Ohio, upload a copy of your nursing education (that lead to initial licensure).
- (3) Provide evidence of one of the following if you were not licensed/certified in Ohio. Form A may be competed. You can download Form A from the Board's website. Click on the "Forms and Applications" link on the Board's home page.
 - (a) Evidence that you have maintained for at least ten years prior to retirement a valid, unrestricted license in any jurisdiction in the United States that licenses persons to practice nursing as a registered nurse, licensed practical nurse, or advanced practice registered nurse.
 - (b) Evidence that you have practiced nursing as a registered nurse, licensed practical nurse, or advanced practice registered nurse under a valid, unrestricted license for at least ten years prior to retirement in one or more branches of the United States armed services.
- (4) If you are retired from practice for at least ten years, both of the following apply:
 - (a) Provide documentation satisfactory to the board of twenty-four contact hours of continuing education, completed in the twenty-four month period immediately before the application date, that meets the requirements of Chapter 4723-14 of the Administrative Code, and includes:
 - Two contact hours of category A with learning outcomes that address standards of safe practice and nursing delegation;
 - One contact hour that includes content in patient abuse, patient rights, and professional boundaries;
 - Two contact hours that include content in the scope of practice of the licensed practical nurse and the registered nurse;
 - Two contact hours in nursing documentation;
 - Three contact hours in principles of pain management;
 - One contact hour that addresses the application of the nursing process and critical thinking related to patient care;
 - One contact hour that includes content in maintaining patient confidentiality;
 - Four contact hours in patient assessment and wound care;
 - Four contact hours in medication administration and preventing medication errors; and
 - Four contact hours relevant to the nurse's anticipated practice setting.
 - (b) Criminal Records Check - Refer to the website for more information
http://www.nursing.ohio.gov/pdfs/CRC_Process.pdf

CANCEL

SAVE AND CONTINUE

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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

Citizenship

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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

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

SAVE & FINISH LATER

SAVE AND CONTINUE

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New License Application

Background

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

*

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ADD

Employment History

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

--None--

* Zip/Postal Code

County

Country

* United States

Email

Work Phone

% Clinical or Environmental

% Other

% Admin

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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.

*

License Type

*

*

*

Expiration Date

Country

*

State

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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 nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

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?

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

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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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

Out-of-State Proof of Nursing Education

I acknowledge that I will send a copy of degree or diploma if I have never been licensed as a nurse in the state of Ohio.

ATTEST

Out-of-State Proof of Licensure

Copy of most recent license to practice nursing by a jurisdiction in the US OR evidence of your most recent license equivalent to practice nursing in one or more branches of the US armed services that the US government issued if I wasn't a nurse in Ohio.

ATTEST

Form A - Verification/Evidence of Nursing License

I acknowledge that Form A will be sent directly to the Board by a Board of Nursing in the US or US Government representative (if applicable).

ATTEST

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SAVE AND CONTINUE

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Review + Submit

Application Review

Completed

Attestation

I am the person in this application for Certification and the statements made herein are true and accurate. 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)(c)(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.

(Testa Tester)

Submit your Application

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

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SUBMIT

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