



Application Instructions for a **DIALYSIS TECHNICIAN INTERN (DTI)** Certificate & **DIALYSIS TECHNICIAN (OCDT)** Certificate In Ohio

Please read entire instruction sheet before completing the application and forms.

Complete the entire application in ink or typed print. PLEASE PRINT LEGIBLY. Do not staple the application.

1. **Non-Refundable Application Fee**

A **\$35 non-refundable fee** payable to "Treasurer, State of Ohio" must accompany this application. Send a certified check, cashier's check or money order. Personal checks or cash will not be accepted. Business checks from government entities, corporations, and education or training programs will be accepted. Payments must be drawn on a United States (U.S.) bank and payable in U.S. dollars. Please do not staple your payment to the application. If the submitted fee does not meet the requirements, the entire application will be returned to you.

2. **Applicants who have completed an Ohio approved dialysis technician training program**

You may be eligible for a DTI if you have completed an Ohio approved dialysis technician training program and have not passed the Board of Nephrology Examiners Nursing Technology (BONENT) or the National Nephrology Certification Organization (NNCO) certification examination. This DTI will expire 18 months from the date you completed an Ohio approved dialysis technician training program, minus the total amount of time enrolled in the training program(s).

To obtain a DTI, the following must be received:

- a) **Completed application**
- b) **\$35 fee**
- c) **Form A** - Program Completion (*See Form A for instructions.*)
- d) **Form B** - Attestation of Competency & Employment (*See Form B for instructions.*)
- e) **BCI & FBI** Criminal records check results (*See attached instructions.*)

3. **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 additional documentation has been received:

- a) **Form C** - Verification of Passing BONENT or NNCO Certification Examination (*See Form C for instructions.*)
- b) **Form D** - Performance Verification (*See Form D for instructions.*)
- c) **BCI & FBI** Criminal records check results (*See attached instructions.*)

* 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.

4. **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. (See instruction #2.) 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 additional information must be received:

- a) **Form D** - Performance Verification (*See Form D for instructions.*)
- b) **BCI & FBI** Criminal records check results (*See attached instructions.*)

5. Out of State Applicants

You are required to obtain either a DTI or an OCDT prior to being authorized to practice in the state of Ohio. If you have not passed the Board of Nephrology Examiners Nursing Technology (BONENT) or the National Nephrology Certification Organization (NNCO) national certification examination, you are required to enroll in and successfully complete an Ohio approved dialysis technician training program OR you must successfully pass the BONENT or NNCO national certification examination prior to applying with the Ohio Board of Nursing.

- * Out of state 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.

6. Out of State Applicants who have NOT passed BONENT or NNCO certification examination

You may be eligible for a DTI. **To obtain a DTI, you are required to enroll in and successfully complete an Ohio approved dialysis technician training program.** This certificate will expire 18 months after completing an Ohio approved dialysis technician training program, minus the total amount of time enrolled in the Ohio training program(s). A list of “Approved Dialysis Technician Training Programs” can be found under the Dialysis Technicians link on the Board’s website at www.nursing.ohio.gov.

To obtain a DTI, the following must be received:

- a) **Completed application**
- b) **\$35 fee**
- c) **Form A** - Program Completion (*See Form A for instructions.*)
- d) **Form B** - Competency & Employment (*See Form B for instructions.*)
- e) **BCI & FBI** Criminal records check results (*See attached instructions.*)

7. Out of State Applicants who have passed BONENT or NNCO certification examination

You may be eligible for an OCDT.

To obtain an OCDT, without having been issued a DTI, the following must be received:

- a) **Completed application**
- b) **\$35 fee**
- c) **Form C** - Verification of Passing BONENT or NNCO Certification Examination (*See Form C for instructions.*)
- d) **Form D** - Competency & Employment (*See Form D for instructions.*)
- e) **BCI & FBI** Criminal records check results (*See attached instructions.*)
- f) **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.

Processing Information

It is **your responsibility** to insure that all required documents are received by the Board **directly** from the appropriate agency.

If any part of this application is incomplete, the application may be returned. You can view your application status by entering only your last name and first name under the “Verify a License or Certificate” link on the Board’s website at www.nursing.ohio.gov.

If your application remains incomplete for one year, the application shall be considered void and the fee submitted with the application shall be forfeited.

Please return your completed and signed application, with a \$35 non-refundable fee, made payable to Treasurer, State of Ohio to:

Ohio Board of Nursing
Attention: DT
17 South High Street, Suite 400
Columbus, Ohio 43215 – 7410

Questions regarding your application can be directed to the Dialysis Unit at dialysis@nursing.ohio.gov.



CRIMINAL RECORDS CHECKS REQUIRED FOR LICENSURE OR CERTIFICATION

If you have already completed your background checks, please disregard this letter. If you have not completed your background check, please read on.

The Ohio Revised Code requires those applying for a license or certificate issued by the Ohio Board of Nursing (Board) to submit fingerprints for an FBI (federal) and BCI (civilian) criminal records check completed by the Bureau of Criminal Identification and Investigation (BCI). The Board cannot, by law, complete the processing of your application until the Board receives **BOTH** background check reports.

BCI will **ONLY** accept electronic fingerprints for **FBI and BCI** background checks, except for the reasons listed below. Electronic fingerprints must be completed by a Webcheck location in Ohio that will submit the applicant's fingerprints electronically to BCI. The applicant must request that **BOTH** reports be sent to the Board **DIRECTLY** from BCI, or they will not be accepted by the Board. A complete list of Webcheck locations is available online at the following website address:

www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing

When locating an electronic fingerprinting site on this web page, please note that only the locations designated with the notation of "BCI & FBI" perform both the BCI and FBI records check. The Board does not endorse or recommend any specific Webcheck fingerprinting company.

Fingerprint cards will only be accepted by BCI (with an Exemption Form) for one of the following reasons:

- Applicant's home address is 75 miles or more from the nearest Webcheck location;
- Amputations or digits missing (Webcheck 4.0 only);
- Out-of-state applicant;
- Poor quality prints (Not able to capture at Webcheck location, provide name of location where the background check was attempted on the waiver form);
- BCI/FBI rejects from original electronic submission. **Note:** The original reject letter must accompany the fingerprint card (s); and
- Public Housing Organization background checks.

Waivers of the electronic submission requirement will be evaluated on a submission by submission basis. No "blanket" or agency-wide waivers will be granted. Exemption requests that are denied will be returned to the submitting agency. Any card that is submitted without a waiver form will also be returned. **Please note:** If you have questions about any of the qualifying exemptions, please contact BCI at **(877) 224-0043**.

If you meet any of these exemptions, please submit your name and complete address to the Board in writing (Attention: CRC) at the above address, by fax at (614) 466-0388, or by email at crc@nursing.ohio.gov to request fingerprint cards and instructions for completing the cards.



Application For A DIALYSIS TECHNICIAN INTERN Certificate & Certificate To Practice As A DIALYSIS TECHNICIAN In Ohio

A) GENERAL INFORMATION (Complete the entire application in ink or typed print)

Full Legal Name Last First Middle Maiden

Social Security Number*

Address

City State Zip

County of Residence

Telephone Number Email Address

Date of Birth Place of Birth City State Country

Gender Female Male

Race/Ethnicity (If more than one applies, mark "other")

- African American/Black, Asian, Caucasian/White, Native Hawaiian or Other Pacific Islander, I do not wish to furnish this information, American Indian or Alaska Native, Asian-Indian, Hispanic/Latino, Other

B) CITIZENSHIP **

- United States, Alien lawfully admitted for permanent residency in the United States, Other non-immigrant status, I am a foreign national not living in the United States

C) HIGH SCHOOL OR EQUIVALENCE

Name of High School (OR) GED City/State Date of Graduation (Month/Year) Date Taken (Month/Year)

D) MILITARY SERVICE (if applicable)

- I am a member or former member of the armed forces of the United States, the national guard or a reserve component, I am the spouse of a member or former member of the armed forces of the United States, the national guard or a reserve component

E) DIALYSIS TRAINING PROGRAM INFORMATION (List every training program you have attended. Attach a separate sheet if needed.)

Name of School

Address

City State Zip Telephone

Date of Enrollment (month/day/year) Date of Completion (month/day/year)

*Your social security number is required by state and federal law for purposes of child support enforcement... **If you are living in the United States, Federal Law [8 USCS § 1621] [PRWORA], limits the issuance of professional licenses to U.S. citizens or aliens lawfully admitted to the U.S.

F) COMPLIANCE (Application will be returned if a question is left unanswered)

Please circle “Yes” or “No” for each question. Your application **is not** complete until the Board has received **ALL** required documents.

CAUTION: False, and/or misleading information provided by an applicant may result in the denial/permanent denial of a license/certificate.

| | | | |
|--|---|-----|---------------|
| | 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 practice as a dialysis technician. Answer “Yes” or “No” to EACH question. | | |
| 1a. | A felony in Ohio, another state, commonwealth, territory, province, or country? <i>If you answer “Yes”, enter the court and case number.</i> Court Name: _____ Case#: _____ | Yes | No |
| 1b. | 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. <i>If you answer “Yes”, enter the court and case number.</i> Court Name: _____ Case#: _____ | Yes | No |
| 2. | 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 |
| If you answered “Yes” to a box above, you are required to provide the Board with a written explanation of the events including the date, county and state in which the events occurred (attach a separate sheet to this application), and a certified copy of the indictment(s) or criminal complaint(s), plea(s), journal entry(s) from the appropriate court. A copy of the court docket or case summary does not meet this requirement. | | | |
| 3. | 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 |
| 4. | 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 |
| 5. | 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 |
| 6. | 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 |
| If you answered “Yes” to questions 3-6, you are required to provide the Board with a written explanation and certified copies of any documents. | | | |
| 7. | Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism? | Yes | No |
| 8. | 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 |
| 9. | 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 |
| If you answered “Yes” to questions 7-9, you are required to provide a written explanation, including date(s) of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis. | | | |
| 10. | 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 |
| a. | If you answered “Yes” to question 10 , 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? If you answered “Yes”, you are required to provide a written explanation. If you are participating in a monitoring program, you are required to cause the respective program to provide information detailing your participation in and compliance with the program. | Yes | No N/A |
| 11. | 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 |

Last Name

First Name

Middle

(Print clearly, your full legal name as it appears on the first page of the application)

DIALYSIS TECHNICIAN ATTESTATION

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 certificate shall claim to the public to be a dialysis technician, or use the title "Ohio certified dialysis technician," the initials "OCDT," or any other title or initials to represent that the person is authorized to perform dialysis care as a dialysis technician.

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.

Printed Legal Name of Applicant

(Application will be returned if name is not printed)

Legal Signature of Applicant

(Application will be returned if name is not signed)

For Board Use ONLY

| | |
|--------------------|--|
| Certificate Number | |
| | |
| Date Issued | |
| DTI | |
| DT | |

IN

| | | |
|-------------|--|--|
| BCI | | |
| FBI | | |
| Form A | | |
| Form B | | |
| Form C | | |
| Form D | | |
| BCI | | |
| FBI | | |
| CE | | |
| Citizenship | | |
| SAVE | | |
| BCI//FBI | | |



Attestation of Dialysis Technician Training Program Completion

Form A

Part 1-General Information-Please Print

(Applicant must complete this part and send to the dialysis technician training program)

Full Legal Name

Last First Middle Maiden

Date of Birth Telephone Number

Month / Day / Year

Email Address

Signature Date

Part 2-Attestation of Completion of Dialysis Technician Training Program-Please Print

(Dialysis training program must complete this part and send directly to the Board)

Program Name

Address

City State Zip

Telephone Number of Program

This is to verify that the applicant named above enrolled in and has successfully completed an approved dialysis training program as defined below:

A "dialysis training program" means a program approved by the board according to rule 4723-23-07 of the Administrative Code that consists of not less than three hundred twenty clock hours of instruction including both of the following:

- (1) A minimum of one hundred clock hours of theoretical instruction in a classroom setting; and
(2) A minimum of two hundred twenty clock hours of supervised clinical experience

Date of Enrollment (Month/Day/Year)

Date of Completion (Month/Day/Year)

Name of Registered Nurse Program Administrator

Title of Registered Nurse Program Administrator

Telephone Number of Registered Nurse Program Administrator

E-mail Address of Registered Nurse Program Administrator

Signature of Registered Nurse Program Administrator

Date

The Program Administrator may submit this completed form by email to dialysis@nursing.ohio.gov, by fax at (614) 466-0388, or by mail to: Ohio Board of Nursing, Attention: DT, 17 South High Street, Suite 400, Columbus, OH 43215-7410.

First Name

Last Name

(Applicant-Please Print Clearly)



Attestation of Dialysis Technician Competency & Employment
Form B

Part 1-General Information-Please Print (Applicant must complete this part and send to the dialysis employer)

Full Legal Name (Last, First, Middle, Maiden), Date of Birth (Month / Day / Year), Telephone Number, Email Address, Signature, Date

Part 2-Dialysis Attestation-Please Print (Dialysis employer must complete this part and send directly to the Board)

Employer Name, Address, City, State, Zip, Telephone Number of Employer

This is to verify that a registered nurse or licensed physician observed the applicant named above perform dialysis care and to attest that the applicant consistently performs dialysis care in accordance with the standards for the safe performance of dialysis care as set forth in Rule 4723-23-12 and Rule 4723-23-14 of the Administrative Code.

Employment Start Date (Month/Day/Year)

Employment End Date (Month/Day/Year)

Name of Person Completing Part 2, Title of Person Completing Part 2, Telephone Number of Person Completing Part 2, E-mail Address of Person Completing Part 2, Signature of Person Completing Part 2, Date

Dialysis Employer may submit this completed form by email to dialysis@nursing.ohio.gov, by fax at (614) 466-0388, or by mail to: Ohio Board of Nursing, Attention: DT, 17 South High Street, Suite 400, Columbus, OH 43215-7410.

First Name

Last Name

(Applicant-Please Print Clearly)



Verification of Passing BONENT or NNCO Certification Examination

Form C

Part 1-General Information-Please Print

(Applicant must complete this part and send to the national testing organization)

Form C must be submitted to BONENT or NNCO at the time of registration to take the national certification examination OR if you have already taken the examination, at the time of application to the Board.

Applicant Name _____

Date of Birth _____ Telephone Number _____
Month / Day / Year

Address _____

City _____ State _____ Zip _____ County _____

Email _____

Name of Dialysis Technician Training Program (Completed) _____

City and State of Dialysis Technician Training Program (Completed) _____

I authorize the national testing organization to provide information to the Ohio Board of Nursing regarding my certification examination results.

Signature _____ Date _____

Part 2- Testing/Certification Information-Please Print

(BONENT or NNCO representative must complete this part and send directly to the Board Attention: DT)

Name of Testing Organization _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

I certify that the above named applicant passed a national certification examination demonstrating competence to perform dialysis care.

Name of Person Completing Part 2 (Print)

Month/Day/Year of Certification

Title of Person Completing Part 2 (Print)

Signature of Person Completing Part 2

Telephone Number of Person Completing Part 2

Date

BONENT or NNCO Representative may submit this completed form by email to dialysis@nursing.ohio.gov, by fax at (614) 466-0388, or by mail to: Ohio Board of Nursing, Attention: DT, 17 South High Street, Suite 400, Columbus, OH 43215-7410.



Application for Dialysis Technician Performance Verification

Form D

Applicant must have performed dialysis for not less than 12 months immediately prior to the date of this OCDT application.

Part 1-General Information-Please Print (Applicant must complete this part and send to the dialysis employer)

Full Legal Name, Date of Birth, Telephone Number, Address, City, State, Zip, County, Email, Signature, Date

Part 2-Dialysis Attestation-Please Print (Dialysis employer must complete this part and send directly to the Board)

Employer Name, Address, City, State, Zip, Telephone Number of Employer

This is to verify that the applicant named above has performed dialysis care for not less than 12 months immediately prior to the date of this application.

Employment Start Date (Month/Day/Year)

Employment End Date (Month/Day/Year)

Name of Person Completing Part 2

Title of Person Completing Part 2

Telephone Number of Person Completing Part 2

E-mail Address of Person Completing Part 2

Signature of Person Completing Part 2

Date

Dialysis Employer may submit this completed form by email to dialysis@nursing.ohio.gov, by fax at (614) 466-0388, or by mail to: Ohio Board of Nursing, Attention: DT, 17 South High Street, Suite 400, Columbus, OH 43215-7410.