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Extended technical support hours are available for registration and login assistance from December 26 through December 31 by calling (855) 405-5514.

Licensing and non-technical questions should be directed to your licensing board.

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- Dec 26 through Dec 28 from 8:00 AM to 8:00 PM ET
- Dec 29 and Dec 30 from 9:00 AM to 3:00 PM ET
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## License Selection

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

If you are applying with the Board of Pharmacy or the Speech and Hearing Professionals Board and are unsure of what license to apply for, click here ([/OH\\_LicenseQuestionnaire](#)) to access the license questionnaire.

Select a Board

Nursing Board

Select a License

Community Health Worker (CHW)

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.

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.

## COMMUNITY HEALTH WORKER APPLICATION INSTRUCTIONS

**A list of “Approved Community Health Worker Training Programs” can be found under the Community Health Workers link on the Board’s website.**

### 1. Non-Refundable Application Fee

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

### 2. Form A - Program Completion

**To download Form A, click on the Community Health Workers link on the Board’s website. Part 1 must be completed by the applicant and sent to the community health worker training program. Part 2 must be completed and submitted directly to the Board by the training program representative. Form A will not be accepted from the applicant.**

### 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) ([http://www.nursing.ohio.gov/pdfs/CRC\\_Process.pdf](http://www.nursing.ohio.gov/pdfs/CRC_Process.pdf))**

### Processing Information

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

**To determine the status of your application, please go to the Board’s website at [www.nursing.ohio.gov](http://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 community health worker certificate is issued.**

**The application is void and the fee is forfeited if the requirements for a community health worker 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 [chw@nursing.ohio.gov](mailto:chw@nursing.ohio.gov) (<mailto:chw@nursing.ohio.gov>).**

CANCEL

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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.

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

2019

\*

Middle Name

Last Name

\*

Maiden Name

\* Social Security Number

\* Date of Birth

\* Email Address

\* Phone Number

Other Phone Number

Citizenship

\* United States Citizen

List languages you personally use to communicate with patients excluding an interpreter or software

\* 

Available	Chosen
English	
Afrikaans	
Arabic	
Armenian	

Individual National Provider Identifier - if not applicable leave blank

\* Enter home US zip-code. Enter NA if unavailable

## 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?

\* --None--

What is your ethnicity?

\* --None--

In which country were you born?

\* --None--

In which state were you born (if United States)?

--None--

In which city were you born?

## Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status?

\* --None--

Which of the following best describes your five-year employment plan?

\* --None--

## 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.

**+ ADD ADDRESS**

SAMPLE ONLY  
NOT FOR SUBMISSION

## 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?

\* --None--

If yes, are you currently serving in the military?

\* --None--

Has your spouse served in the military?

\* --None--

If yes, is your spouse currently serving in the military?

\* --None--

I decline to Answer these questions and I understand by not answering,  
I may not receive expedited/priority licensing service, temporary licensure,  
extended time allowances, or a waiver of fees, if applicable,  
for me or my eligible spouse.

Ohio Department of Veterans Services (<http://dvs.ohio.gov/main/home.html>)

OhioMeansJobs (<https://jobseeker.ohiomeansjobs.monster.com/Veterans/VeteranInfo.aspx>)

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## New License Application

Background

## Education History

**INSTRUCTIONS:** You must enter **both** high school or GED, **and** community health worker (CHW) training program information, including the address with city and state.

Click the ADD EDUCATION button and type "Other" in the "Education Institution" field. Select the word "Other" that pops up. In the "Other Education Institution" field, enter the name of your high school or GED. In the "Other Education Institution Address" field, enter the city **and** state of your high school or GED. Complete all boxes and click the ADD button.



**Repeat the steps above to add your CHW training program information.** In the "Other Education Institution Address" field, enter full address including city **and** state. In the "Degree Type" field, select Certificate. In the "Degree Received" field, enter CHW-Cert. ?

If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.

**ADD EDUCATION**

## Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

**ADD EMPLOYMENT LOCATION**

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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 Community Health Worker practice? 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 Community Health Worker 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

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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). The (.exe) and (.html) file extensions are not supported for submissions. 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.

Form A - Program Completion

I acknowledge that the community health worker training program must send Form A directly to the Board.

**ATTEST**

---

**BCI/FBI Background Check**

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

**ATTEST**

---

**Compliance Supporting Document**

Compliance - Provide: explanation of the events including the date/county/state of incident; certified copy of indictment/criminal complaint/plea/journal entry from the court(s). A copy of the court docket or case summary does not meet this requirement.

**ADD ATTACHMENT**

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## 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. 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.

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SUBMIT