



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Charitable Event Exemption Reporting Form

Name of Charitable Organization _____

Telephone Number () _____ Email Address _____

Name of Event _____

Date(s) of Event _____

Event Address _____

City _____ State _____ Zip Code _____

Name/Title of Person Submitting Report _____

Check one:

I am reporting for the Charitable Organization:

I am reporting on my own behalf as a nurse volunteer:

The following nurses are scheduled to provide nursing care as volunteers without remuneration during a charitable event that lasts not more than 7 days (See Section 4723.32(F)(9), ORC). Print additional forms as needed.

Name and License Number _____

Name and License Number _____

Name and Licensure Number _____

Name and License Number _____