

Dialysis Technician Application

Create New Account - I Don't Have A License

Create a new eLicense.Ohio.Gov account as a new licensee.

Your social security number is required for accurate identification under federal and state child support enforcement law (42 U.S.C. §666 and §3123.50, O.R.C.)

Need help Registering? Click here (</servlet/servlet.FileDownload?file=015t0000000Ug2l>)

Middle Name

I don't have a Social Security Number

* Date of Birth

* Email

* Confirm Email

* Password

* Confirm Password

Password must contain:

- More than 10 Characters
- 1 Uppercase Letter
- 1 Lowercase Letter
- 1 Number
- 1 Special Character (e.g. \$%^@#)

Password must not contain:

- User's First and/or Last Name

Legal Information: Ohio public records law requires state agencies, boards, and commissions to disclose most documents and records, including electronic records. Therefore, information submitted through this web site may be subject to disclosure pursuant to a public records request unless the information is made confidential or otherwise exempted from disclosure pursuant to state or federal law. Please be aware that for public records, Ohio law requires us to disclose the records despite your requests to keep information confidential.

SUBMIT

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Welcome to your eLicense Dashboard

[+ APPLY FOR A NEW LICENSE](#)

[MY HISTORY](#)

Are you looking to apply for a new business license? First, add your business by clicking here before applying. ([oh_mybusiness](#))

New License Applications

To edit or withdraw an application, please click on the Options button.

[SORT BY ▾](#)

The license application process is very simple. Instructions for each stage of the license application will explain what information is necessary to move forward to the next stage of the application process. The status indicators at the top of each page of the license application will indicate what stage you are currently in for the process. Once you have completed the license application and submitted it, the appropriate Board will review your license application.

Click the '+' icon of the Add a License box to the right to begin the application process. To see your existing licenses, scroll down to the next section.



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SAMPLE



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, the Chemical Dependency Board, 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

Dialysis Technician (DT)

Select an Application Type

Examination

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.

Application Instructions

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 documentation has been received:

1. Form C - Verification of Passing BONENT or NNCO Certification Examination

To download Form C, click on the Dialysis technicians link on the Board's website.

2. Form D - Performance Verification

To download Form D, click on the Dialysis technicians link on the Board's website.

3. Criminal Records Check

Refer to the website for more information. http://www.nursing.ohio.gov/pdfs/CRC_Process.pdf

* 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.

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 (you will need to reapply for a DTI). 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 documentation must be received:

1. Form D - Performance Verification

To download Form D, click on the Dialysis technicians link on the Board's website.

2. Criminal Records Check

Refer to the website for more information. http://www.nursing.ohio.gov/pdfs/CRC_Process.pdf

Out of State Applicants who have passed BONENT or NNCO certification examination without having been issued a DTI

You may be eligible for an OCDT after the following documentation has been received:

1. Non-Refundable Application Fee

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

2. Form C - Verification of Passing BONENT or NNCO Certification Examination

To download Form C, click on the Dialysis technicians link on the Board's website.

3. Form D - Performance Verification

To download Form D, click on the Dialysis technicians link on the Board's website.

4. Criminal Records Check

Refer to the website for more information. http://www.nursing.ohio.gov/pdfs/CRC_Process.pdf

5. 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.

* 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.

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, click on "Verify a License or Certificate" and enter your name. Once your name appears, it will display as "pending" until your dialysis technician intern certificate is issued.

The application is void and the fee is forfeited if the requirements for a dialysis technician intern certificate are not met within one year from the date the application is received by the Board.

SOCIAL SECURITY NUMBER

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 10093, 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, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

For questions about the application or instructions, please email dialysis@nursing.ohio.gov.

CANCEL

SAVE AND CONTINUE

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.

Title

First Name

*

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

* Email Address

* Phone Number

Other Phone Number

Citizenship

* --None--



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

*

Available

English
Afrikaans
Arabic
Armenian

Chosen



Please scroll through the language options under the Available column, highlight your choice(s) and click the right arrow (>) to move your choice(s) over to the Chosen column.

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?

* United States



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. Some questions may appear to be duplicative.

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

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 you answered "Yes", are you currently serving in the military?

* --None-- 

Has your spouse served in the military?

* --None-- 

If you answered "Yes", are they 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>)

SAVE & FINISH LATER

SAVE AND CONTINUE

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Background

Education History

INSTRUCTIONS: You must enter **both** high school or GED, **and** dialysis technician 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. In the "Degree Type" field, select High School or GED. In the "Degree Received" field, enter Diploma or GED. Enter your enrollment date and graduation date. Click the ADD button.

Repeat the steps above to add your dialysis technician 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 DT-Cert.

ADD EDUCATION

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.

ADD LICENSE

Previous License

Please enter your Dialysis Technican Intern (DTI) license number if you currently hold a valid DTI license.

DTI License Number



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. Some questions may appear to be duplicative.

ADD EMPLOYMENT LOCATION

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Questions

Questions

Answer the following questions. Once completed, click "Save and Continue" to progress through the application.

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 your practice as a Dialysis Technician? 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 your practice as a Dialysis Technician? 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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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.

BCI/FBI Background Check

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

ATTEST

I acknowledge that my certification examination results must be sent directly to the Board by the testing organization or the training program.

ATTEST

Form C - Verification of Passing BONENT or NNCO Certification Examination

I acknowledge that the dialysis technician testing organization must send Form C directly to the Board.

ATTEST

Form D - Application for Dialysis Technician Performance Verification

I acknowledge that my dialysis technician employer must send Form D directly to the Board.

ATTEST

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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. No person who does not hold 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.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Coal Lump)

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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