

## 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>)

First Name

\* |

Middle Name

\* Last Name

\* Social Security Number

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**

**SUPPORT (OH\_SUPPORTPAGE)**

**REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L)**

**CONTACT (OH\_CONTACTUS)**

**PRIVACY NOTICE (OH\_PRIVACYNOTICE)**

**WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)**

**GENERAL TERMS (OH\_GENERALTERMS)**

## 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](/OH_LicenseQuestionnaire)) to access the license questionnaire.

Select a Board

Nursing Board 

Select a License

Dialysis Technician Intern (DTI) 

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.

Are you at least 18 years of age?

Yes      No

Do you have a high school diploma or GED?

Yes      No

## Application Instructions

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

# 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 must accompany this application. It will be collected electronically.

## **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](http://www.nursing.ohio.gov) (<http://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](http://www.nursing.ohio.gov).

#### **Processing Information**

It is **your responsibility** to ensure 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](http://www.nursing.ohio.gov) (<http://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.**

#### **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.

CANCEL

SAVE AND CONTINUE

SAMPLE

# 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

cteagarden@mailinator.com

\* Phone Number

Other Phone Number

Citizenship

\* --None--



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

\*

**Available**

**Chosen**

English  
Afrikaans  
Arabic  
Armenian



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**

## 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**

**DOWNLOAD APPLICATION**

**SUPPORT (OH\_SUPPORTPAGE)**

**REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L)**

**CONTACT (OH\_CONTACTUS)**

**PRIVACY NOTICE (OH\_PRIVACYNOTICE)**

**WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)**

**GENERAL TERMS (OH\_GENERALTERMS)**

# New License Application

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**

# 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**

**SAVE & FINISH LATER**

**SAVE AND CONTINUE**

**DOWNLOAD APPLICATION**

**SUPPORT (OH\_SUPPORTPAGE)**

**REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T0000000UG2L)**

**CONTACT (OH\_CONTACTUS)**

**PRIVACY NOTICE (OH\_PRIVACYNOTICE)**

**WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)**

**GENERAL TERMS (OH\_GENERALTERMS)**

# New License Application

Questions

## Intern License

If you have previously held a Dialysis Technician Intern license in the State of Ohio, please enter it here.

Related License



## 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 Intern? 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 Intern? 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 & FINISH LATER**

**SAVE AND CONTINUE**

**DOWNLOAD APPLICATION**

**SUPPORT (OH\_SUPPORTPAGE)**

**REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L)**

**CONTACT (OH\_CONTACTUS)**

**PRIVACY NOTICE (OH\_PRIVACYNOTICE)**

**WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)**

SAMPLE

# 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.

BCI/FBI Background Check

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

**ATTEST**

Form B - Attestation of Dialysis Technician Competency & Employment

I acknowledge that my employer must send Form B directly to the Board.

**ATTEST**

Form A - Attestation of Dialysis Technician Training Program Completion

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

**ATTEST**

**SAVE & FINISH LATER**

**SAVE AND CONTINUE**

**DOWNLOAD APPLICATION**

**SUPPORT (OH\_SUPPORTPAGE)**

**REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T0000000UG2L)**

**CONTACT (OH\_CONTACTUS)**

**PRIVACY NOTICE (OH\_PRIVACYNOTICE)**

**WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)**

**GENERAL TERMS (OH\_GENERALTERMS)**

# New License Application

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.

(Cherry Teagarden)

## 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.

**SAVE & FINISH LATER**

**SUBMIT**

**CONTACT (OH\_CONTACTUS)**

**PRIVACY NOTICE (OH\_PRIVACYNOTICE)**

**WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)**

**GENERAL TERMS (OH\_GENERALTERMS)**

SAMPLE