



## **Application to Perform Limited Intravenous Therapy in Ohio as a LPN and Certification of CE Course Completion**

**This form must be provided to the Ohio Board of Nursing directly by the provider of the LPN IV Therapy course upon completion by the LPN.**

One form must be completed for each LPN applicant. The LPN IV therapy course provider must submit the completed form AND CE certificate:

**Email:** [licensure@nursing.ohio.gov](mailto:licensure@nursing.ohio.gov)

**Fax:** (614) 466 – 0388

**Mail:** Ohio Board of Nursing

Attn: IV Therapy

17 South High Street, Suite 660

Columbus, Ohio 43215-3466

This form only applies to LPNs and does not need to be submitted for RNs who take the course for CE credit.

**Section 1.** The provider of the LPN IV Therapy course is to have each LPN complete Section 1.

**Section 2.** At the end of the LPN IV Therapy course, the provider completes section 2. If the information is not complete or the CE certificate is not attached, the form will not be accepted.



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*Please Print Clearly*

<b>SECTION 1: Identifying Information (To be completed by the LPN)</b>			
Name:		LPN License Number:	
Address:			
City:		State:	Zip:
Phone:	E-Mail:		
Applicant Signature:			Date:
<b>SECTION 2: Verification of Course Completion (To be completed by the provider)</b>			
Course Provider Name:			
Contact Person:			
Phone:	E-Mail:		
OBN Approver Name:			
OBN Approver Number:			
LPN has an Ohio license with a "Meds" Designation <input type="checkbox"/> Yes <input type="checkbox"/> No			
LPN completed an Ohio Approved Course in IV Therapy for LPNs and a copy of their CE Certificate is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Start Date: _____ End Date: _____			