



Ohio Board of Nursing

www.nursing.ohio.gov

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

Verification Form for Organizations Issuing APRN National Certification

APRN national certification organizations must verify they meet the requirements below to be approved by the Board to examine and certify APRNs. See Section 4723.46(A), Ohio Revised Code. This form is to be completed and emailed to board@nursing.gov annually no later than October 4.

Please complete by verifying your organization:

Is national in the scope of its credentialing	Yes	No
Has an educational requirement beyond that required for registered nurse licensure	Yes	No
Has practice requirements beyond those required for registered nurse licensure	Yes	No
Has testing requirements beyond those required for registered nurse licensure that measure the theoretical and clinical content of a nursing specialty, are developed in accordance with accepted standards of validity and reliability, and are open to registered nurses who have successfully completed the educational program required by the organization	Yes	No
Issues certificates to the following APRNs (check all that apply) : <input type="checkbox"/> Certified registered nurse anesthetists, <input type="checkbox"/> Clinical nurse specialists, <input type="checkbox"/> Certified nurse-midwives, or <input type="checkbox"/> Certified nurse practitioners	Yes	No
Periodically reviews the qualifications of the following APRNs (check all that apply) : <input type="checkbox"/> Certified registered nurse anesthetists, <input type="checkbox"/> Clinical nurse specialists, <input type="checkbox"/> Certified nurse-midwives, or <input type="checkbox"/> Certified nurse practitioners	Yes	No

Signature _____

Name (Print) _____

Title _____

Organization (Full Name) _____

Telephone Number _____ Email _____

Date: _____