



Ohio Board of Nursing

www.nursing.ohio.gov

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

Advisory Committee on Advanced Practice Registered Nursing – Application Deadline for Receipt of Submission: Monday, May 3, 2021 at 5:00 p.m.

RETURN THIS APPLICATION TO THE BOARD

Email to board@nursing.ohio.gov

Include "Application for APRN Advisory Committee" in the subject line

Applicants should include a letter of recommendation on the letterhead of either an organization representing APRNs practicing in this state or a school of advanced practice registered nursing, and a resume or curriculum vitae

Check the position for which you are applying:

- APRN actively engaged in practice in Ohio in a clinical setting
- CRNA actively engaged in practice in Ohio in a clinical setting
- APRN who is a faculty member of an approved program of nursing education that prepares students for licensure as APRNs
- Representative of an entity that employs ten or more APRNs actively engaged in practice in Ohio (*The law does not specify that this representative must be an APRN*).

License Numbers:

RN License # _____

APRN License # _____

Applicant Information

Name: _____

Last

First

MI

Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: () _____

APRNs: Please indicate the **percentage** of time you work in the following areas:

Clinical Practice: %
Education: %
Administration: %

Current Employment Information

Position Title: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Employer Phone: _____

Employer Email: _____

If you are **not a nurse**, please complete the following:

Are you now under any charge or charges for any crime? If yes, please identify: _____

Have you ever, as an adult, been charged with any crime or arrested for any crime (regardless of whether you were convicted or acquitted) excluding minor traffic offenses? _____ If yes, please identify: _____

Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license? _____

Have you ever been disciplined for, or has any action ever been taken against you by any public or licensing authority or professional organization for any breach of ethics or unprofessional conduct or failure to make required disclosures? _____ If yes, please identify: _____

Identify and describe any other information or situation that others might perceive as a conflict of interest with your proposed appointment, or which might cause embarrassment to the state should you be appointed to this state committee or advisory group: _____

Statement of Interest

Please provide a brief statement about your experience, expertise, and interest in serving on the Committee.

Attestation

I attest that the information provided is true and accurate to the best of my knowledge. If appointed, I understand that I will serve at the discretion of the Board of Nursing without compensation but may receive payment for actual and necessary expenses incurred in the performance of official duties in accordance with state laws and policies.

Signature:

Date:

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