



OBN Approver Application

Directions: All requested information must be submitted in enough detail to be in compliance with Chapter 4723-14, Ohio Administrative Code (OAC).

Approver Contact Information

Official Name of Organization _____

Headquarters Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Website _____

Contact Person

Name & Title _____

Telephone Number _____ Fax Number _____ Email Address _____

Registered Nurse in Charge of Peer Review

Name _____

License Number _____

Telephone Number _____ Email Address _____

General Requirements

Type of Organization	Select One
Nursing or Dialysis Technician Organization	
A Nursing Education Program	
A Dialysis Technician Training Program	
A Nursing or Dialysis Technician Continuing Education Department	

Organization's Current Provider Unit Status

OBN Approver: _____

Approved Provider Unit Number: _____

Date of Initial Approval as a Provider: _____

To Become an OBN Approver the following shall be submitted to the Board in accordance with Rule 4723-14-09(A)(1), OAC:

- A. Demographic data;
- B. An organizational overview and goals related to operating as an OBN approver;
- C. Information regarding material resources and physical facilities;
- D. A budget plan;
- E. A description of the record-keeping system to be used;
- F. A description of the proposed evaluation process;
- G. An organizational table showing staff responsibilities;
- H. A description of the process for approving providers or provider units that includes peer review directed by a registered nurse who holds a current, valid license issued by the board, a master's degree and either:
 - i. Has a background or education in adult education; or
 - ii. Has documented knowledge of the continuing education process;
- I. A copy of the policies required by rule [4723-14-12](#) of the Administrative Code. (*See Pages 3-4 of Application*)

OAC Rule	Descriptor
4723-14-12 (A)	An OBN approver shall establish, implement, and enforce processes that address the following
4723-14-12 (A)(1)	The scope of the approver's approval activities including identification of the target audience of providers and the type of applications to be approved;
4723-14-12 (A)(2)	Qualifications and responsibilities of all paid or volunteer staff members of the approver, including a mechanism for identifying and handling potential conflicts of interest for individuals involved in the approval process;
4723-14-12 (A)(3)	A peer review process to be used for review and approval of all continuing education activities;
4723-14-12 (A)(4)	A process to ensure that documentation of a planned activity satisfies the requirements of this chapter;
4723-14-12 (A)(5)	<p>An application process and guidelines for approval and reapproval of faculty-directed and independent study continuing education activities, according to rules 4723-14-15 and 4723-14-16 of the Administrative Code, that ensure:</p> <p>(a) The approval or reapproval process is completed prior to the date the continuing education activity is offered; and</p> <p>(b) The content of the activity meets the criteria for approval set forth in paragraph (J) of rule 4723-14-01 of the Administrative Code;</p>
4723-14-12 (A)(6)	An application process and guidelines for approval and reapproval to be used by an approved provider unit that applies to have its continuing education system approved according to rule 4723-14-17 of the Administrative Code. The process must ensure that the internal review and documentation used by the approved provider unit are completed before the date continuing education activity is offered;
4723-14-12 (A)(7)	The documentation, review process, and record-keeping to be used by the OBN approver offering its own continuing education activities that ensure all documentation and reviews are completed before the date continuing education activity is offered;
4723-14-12 (A)(8)	The process for awarding contact hours for a continuing education activity, including a statement of minimum requirements an individual must meet to receive contact hours;
4723-14-12 (A)(9)	The process for ensuring that the primary purpose of a continuing education activity is not to promote the sale of items or services;
4723-14-12 (A)(10)	If any commercial support is provided for an educational activity, the continuing education provider will maintain control of the educational content and disclose the existence of the commercial support to the learner;
4723-14-12 (A)(11)	The provider will disclose to learners that there is no conflict of interest involving anyone with the ability to control content of the educational activity, or if there is a conflict that has been resolved by the provider, the provider will disclose to the learner the name of the individual, the type of relationship and the name of the commercial interest entity;
4723-14-12 (A)(12)	Exhibits shall not be set up or positioned in such a way that will influence or distract a learner from the educational activity;

4723-14-12 (A)(13)	<p>A system for record-keeping that ensures the following records are maintained, safely stored, and readily retrievable for a minimum of six years:</p> <p>(a) A copy of the entire application package submitted to the board by the OBN approver and all reapproval applications;</p> <p>(b) A copy of each continuing education application reviewed by the OBN approver with all attachments;</p> <p>(c) Documentation of the review and action taken on each application;</p> <p>(d) A copy of any letter stating OBN approver decisions and all other pertinent correspondence; and</p> <p>(e) All additional or clarifying information concerning the application;</p>
4723-14-12 (A)(14)	An evaluation process that provides for evaluation of the activities of the OBN approver
4723-14-12 (A)(15)	The process for assuring that the OBN approver number is used in all correspondence and advertising as required by paragraph (E) or (F) of rule 4723-14-14 of the Administrative Code;
4723-14-12 (A)(16)	The process for development and distribution to the public of material related to approval activities including a current list of continuing education activities approved or offered by the OBN approve;
4723-14-12 (A)(17)	Possible actions an OBN approver may take in response to an application for approval submitted by a continuing education provider, including the time period for notifying the applicant regarding the action taken;
4723-14-12 (A)(18)	The actions a continuing education provider may take while an application for approval of a continuing education activity is pending before an OBN approver, including a process for appealing a negative decision by the approver;
4723-14-12 (A)(19)	The process for withdrawal of approval of a continuing education provider's activity or system that includes a description of the circumstances that can lead to loss of approval and the process used to notify consumers regarding the loss of approval;
4723-14-12 (A)(20)	Publication of deadlines for submitting continuing education provider applications and fees for the approval process;
4723-14-12 (A)(21)	The process for documenting a review conducted by the OBN approver in response to complaints received about a provider or provider unit.
4723-14-12 (B)	An OBN approver must have goals that are consistent with the requirements of this chapter.
4723-14-12 (C)	An OBN approver must develop, date, and periodically review an organizational chart defining the lines of authority and communication within the approver and its administrative structure.
4723-14-12 (D)	An OBN approver must establish a means to review the provider unit during the three year approval period, that may include on-site visits to the provider unit, or review of documentation requested by the OBN approver.

Fees in Accordance with 4723.08 of the Ohio Revised Code (ORC)

	Yes	No
Is the Applicant Accredited by a National Accreditation System for Nursing?		
If yes, name of National Accreditation System for Nursing;		

	Fee Amount
For application for authorization to approve continuing education programs and courses from an applicant accredited by a national accreditation system for nursing,	\$500
For application for authorization to approve continuing education programs and courses from an applicant <i>not</i> accredited by a national accreditation system for nursing,	\$1000

Verification of Rule Compliance:

I attest that the information provided to the Board is true and accurate.

Signature _____ Date _____

Please submit the application, documents and completed credit card authorization form to the Board.
Incomplete submissions will NOT be processed.



Ohio Board of Nursing

www.nursing.ohio.gov

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

Credit Card Authorization Form

Card Holder Name: _____

Address Associated with Credit Card: _____

Type of Card: _____ Master Card _____ Visa _____ Discover _____

Card Number: _____

Card Expiration Date: _____

CVV _____

Payment Amount: _____

Reason for Payment (Please Check Box):

Disqualifying Determination Request

Email this form to: disqualifying-offense-requests@nursing.ohio.gov

Community Health Worker Training Program

Email this form to: fiscal@nursing.ohio.gov

Dialysis Technician Training Program

Email this form to: fiscal@nursing.ohio.gov

Medication Aide Training Program

Email this form to: fiscal@nursing.ohio.gov

OBN Approver of CE

Email this form to: fiscal@nursing.ohio.gov

Your signature on this form authorizes use of the credit card shown for the amount listed to pay fees to the Ohio Board of Nursing.

Cardholder's Signature: _____

Date: _____