



# State of Ohio Board of Nursing

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

## Application to the Ohio Board of Nursing for Appointment to an Advisory Group

**Deadline for Receipt of Submission: Monday, November 1, 2021**

RETURN THIS APPLICATION TO THE BOARD

Email to [board@nursing.ohio.gov](mailto:board@nursing.ohio.gov)

**NOTE: Submit your resume or curriculum vitae with this application**

Please indicate the **Advisory Group** in which you are interested: position(s) for which you are applying. All positions are for a two-year term.

- Dialysis
- Continuing Education
- Nursing Education

### Applicant Information

Name: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_ County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

- OCDT
- LPN
- RN
- APRN-CNP
- APRN-CNS
- APRN-CNM

OH License or Certificate Number(s): \_\_\_\_\_

### Current Employment Information

Position Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer Phone: (     ) \_\_\_\_\_

Employer Email: \_\_\_\_\_

Are you now under any indictment, bill information, criminal complaint or any other type of criminal complaint for charge or charges for any crime federally including any military court, in this state, any other state, any tribal reservation, any territory of the United States, or outside the United States? If yes, please identify. If the charges were filed inside the United States, please include the county or parish where those charges were filed.

Have you ever, as an adult, been charged with any crime or arrested for any crime excluding minor traffic offenses (regardless of whether you were convicted or acquitted) federally including any military court, in this state, any other state, reservation, any territory of the United States, or outside the United States? If the charges were filed inside the United State, please include the county or parish where those charges were filed. For this question, if the charge ended in a plea deal, please indicate the crime for which you were charged in addition to the crime to which you pleaded guilty. **Further, minor traffic offenses are traffic offenses which could not be sentenced to a term in jail. For example, speeding or parking violations are not jailable, but OVI is a jailable offense. Failure to fully list committed offenses may be considered a lack of candor.** If yes, please identify in full and completely:

To your knowledge, are you personally currently under investigation for any violation(s) of law? If yes, please identify:

Have you ever been named as a party (i.e., defendant) in a civil action in this state, any other state, in federal court or outside the United States? If yes, please identify:

Has any civil protection order (CPO) or restraining order or emergency custody order relating to domestic violence or any other subject ever been entered against you? If yes, please identify:

Are you currently in arrears on any court-ordered child support payments? If yes, please identify:

Have you ever failed to pay any government-insured debt, or any debt owed to a government entity? If yes, please identify:

Are you a United States citizen? If no, please state your immigration status:

Do you have, or have you had, any personal, financial, or business interest or dealings that might present a conflict of interest with your proposed state appointment? If yes, please identify:

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

Have you been publicly identified with a particularly controversial national, state, or local issue, or with an issue under the supervision of the Board of Nursing? If yes, please explain:

Have you ever (1) made statements, including written or on social media, concerning a controversial issue, or (2) associated with controversial group which would bring discredit to you or the appointment that you seek?

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:

### Statement of Interest

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

### 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 and will receive reimbursement only for actual expenses in accordance with state laws and policies.

Signature:

Date: