

Application Instructions

Online Reinstatement/Reactivation Instructions for a Volunteer's Certificate (VC) Standard Board Level Instructions

BEFORE CONTINUING - PLEASE VERIFY THAT YOUR NAME IS DISPLAYED IN THE UPPER RIGHT HAND CORNER OF THIS PAGE. IF YOU SEE A NAME OTHER THAN YOUR OWN, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV FOR ASSISTANCE.

Welcome to the Ohio Board of Nursing!

Please have the following information available

1. Complete address information - you will be asked to verify or update the mailing address. You are required by law to provide the Board with a valid address where all communication from the Board will be sent.
2. Your Social Security Number - if you have obtained a new Social Security Number since your last renewal.
3. Your email address - required for maintaining your online account and payment confirmation.
4. A valid credit card (Visa, MasterCard or Discover).

CONTINUING EDUCATION (CE)

You must submit proof of 24 contact hours of CE, completed in the twenty-four month period immediately before the reinstatement application date, that meets the requirements of Chapter 4723-14 of the Administrative Code, and includes:

- Two contact hours of category A with learning outcomes that address standards of safe practice and nursing delegation.
- One contact hour that includes content in patient abuse, patient rights, and professional boundaries.
- Two contact hours that include content in the scope of practice of the licensed practical nurse and the registered nurse.
- Two contact hours in nursing documentation.
- Three contact hours in principles of pain management.
- One contact hour that addresses the application of the nursing process and critical thinking related to patient care.
- One contact hour that includes content in maintaining patient confidentiality.
- Four contact hours in patient assessment and wound care.
- Four contact hours in medication administration and preventing medication errors.

- Four contact hours relevant to the nurse's anticipated practice setting.

FEE

There is no fee to reinstate a Volunteer's Certificate.

APPLICATION PROCESSING

Your certificate is not considered reinstated/reactivated until your online application is received and processed by the Board. You cannot practice nursing in Ohio without a current, valid Volunteer's Certificate.

SOCIAL SECURITY NUMBER

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

PROCEED TO APPLICATION

SUPPORT (OH_SUPPORT_PAGE)

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WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)



License Reinstatement Application

Personal Information

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

First Name

*

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

Email Address

*

Phone Number

*

Other Phone Number

Citizenship

*



Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?

What is your gender?

*



What is your ethnicity?



In which country were you born?

*



In which state were you born (if United States)?



In which city were you born?

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.



ADDRESS SAVED SUCCESSFULLY

My Address

 [USE DIFFERENT ADDRESS](#)

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

* No

Has your spouse served in the military?

* No

Country of Service

--None--

Service Branch

--None--

Are you still serving in the military (Active or Reserve)?

--None--

Were you honorably discharged from your service?

--None--

Service Start Date

Service End Date

[SAVE & FINISH LATER](#)

[SAVE AND CONTINUE](#)

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SAMPLE ONLY
(Not for Submission)



License Reinstatement Application

Background

Employment History

To add an entry to your employment history, click the Add Work Entry button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.

*	Employer or Non-Working Activity
*	Job Title
☐	Current
	Start Date
*	
	End Date
*	
	Average Hours/Week
*	Street Address
*	City
	State
	--None--

*

Country

*

CANCEL

ADD

SAVE & FINISH LATER

SAVE AND CONTINUE

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License Reinstatement Application

Questions

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers.

Have you practiced in Ohio since your certification was lapsed?

☐ Yes ☐ No

I am a U.S. Citizen or lawfully admitted into the U.S.

☐ Yes ☐ No

Since your last application or renewal have you changed or obtained a new Social Security Number?

☐ Yes ☐ No

The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original licensure application was filed. Have you been convicted, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged if the crime has a direct and substantial relationship to nursing practice. A felony in Ohio, another state, commonwealth, territory, province, or country?

☐ Yes ☐ No

Have you been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged if the crime has a direct and substantial relationship to nursing practice. A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

☐ Yes ☐ No

Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

☐ Yes ☐ No

Have you for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

☐ Yes ☐ No

Have you entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio, **other than this Board**?

☐ Yes ☐ No

Have you been notified of any current investigation of you, or have you been notified of any formal charge, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, **other than this Board**, with respect to professional license, certificate, or registration?

☐ Yes ☐ No

Have you been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent by a probate court, or been found incompetent to stand trial by a court?

☐ Yes ☐ No

Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

☐ Yes ☐ No

Have you been addicted to, dependent on, or suffered with addiction, dependence, substance abuse disorder related to, or treated for addiction, abuse, dependence or substance disorder related to your use of alcohol or any chemical substance; or have you used any drugs that are illegal or were prescription drugs used by you without a legal, valid prescription?

☐ Yes ☐ No

SAVE ANSWERS

SAVE & FINISH LATER

SAVE AND CONTINUE

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License Reinstatement Application

Attachments

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment be less than 80 characters in length in order to be received successfully. The character limit does not include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Continuing Education Documentation

Proof of completion of required Continuing Education

ADD ATTACHMENT

SAVE & FINISH LATER

SAVE AND CONTINUE

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License Reinstatement Application

Review + Submit

Application Review

Completed

Attestation

I verify that all information provided is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28 (A) and/or (B) RC.

Consent to Electronic Signature

☐ I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Testa Tester)

Submit your Application

After clicking the Submit button below, you will no longer be able to change this application.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT

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