Ohio Board of Nursing
www.nursing.ohio.gov
17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

COMMUNITY HEALTH WORKER TRAINING PROGRAM APPROVAL PROCESS

All training programs that prepare individuals as Certified Community Health Workers must be approved by the Board of Nursing (Board) in accordance with Section 4723.87, Ohio Revised Code, and Chapter 4723-26, Ohio Administrative Code (OAC).

Persons seeking Board approval as a Community Health Worker Training Program must submit to the Board a complete application accompanied by the $300.00 fee paid by credit card utilizing the attached credit card authorization form. The Board provides the Community Health Worker Training Program application and information through its website: https://nursing.ohio.gov.

The Board reviews completed applications at its meetings to determine whether the application's documentation complies with the requirements as established in Chapter 4723-26, OAC. The applicant will be notified in writing concerning the Board's approval of the Community Health Worker Training Program following the Board meeting at which it was considered. The Board's approval of a Community Health Worker Training Program is valid for two years provided the program continues to meet the requirements set forth in Chapter 4723-26, OAC.

Board staff may conduct a site visit of a Community Health Worker Training Program prior to Board approval or at anytime during the two year period for which a program is approved.

The Ohio Nurse Practice Act and the Administrative Rules adopted thereunder are available in their entirety for review on the Board's web site: www.nursing.ohio.gov under the "Law and Rules" link. A complete application includes submission of the General Information form, $300.00 fee and other related documents that demonstrate the applicant program meets the requirements established in Rules Chapter 4723-26-12; 4723-26-13; and 4723-26-14, OAC.

The above documents must be submitted in hard copy in a three (3) ring binder and electronically on a USB Flash Drive with the following sections and content clearly identified:

General Information form;
Program Curriculum with content that meets requirements of Rule 4723-26-13, OAC;.
Program Organization and Administration with documents reflecting compliance with Rule 4723-26-12, OAC;
Program Faculty and related documents reflecting compliance with Rule 4723-26-12, OAC; and
Program Policies and Forms that meet Rule 4723-26-12, OAC.

The completed application and related documents is to be mailed to:

Ohio Board of Nursing
Education Unit
17 South High St., Suite 660
Columbus, OH 43215-3466

A copy of the Application and Credit Card Authorization Form must be emailed to fiscal@nursing.ohio.gov.

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Community Health Worker Training Program Approval Application

Program Contact Information:

Official name of program for publication _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Name of organization providing program _____

Address *(If different from above)* _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Program Administrator Contact Information:

Program Administrator _____

Telephone Number _____ Fax Number _____

Email Address _____

List all Sites for Clinical Experiences *(Attach a separate piece of paper as needed for additional listings)***:**

Name of Clinical Site _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address _____

Signature and Title of Individual Preparing this Proposal:

Signature _____ Date _____

Title _____

Please submit the application, documents and credit card authorization form in the amount of $300 to the Board. Incomplete submissions will NOT be processed.

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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: _____