



Advanced Practice Registered Nurse Application Clinical Nurse Specialist

Application Instructions

CNS INITIAL LICENSE OR RECIPROCITY

Use this application if you are applying for initial APRN licensure in Ohio OR if you are a licensed APRN in another state and are applying for reciprocity in Ohio

Eligibility for an APRN license in Ohio requires being licensed as a RN in Ohio.

Application Instructions

- Your email address is required for maintaining your online account and payment confirmation.
- You are required by law to provide the Ohio Board of Nursing (Board) with a valid mailing address where all communication from the Board will be sent.
- It is your responsibility to provide or have all required documents sent to the Board.
- Applications may not be submitted until after you have earned your required master's or doctoral degree and after you have obtained your national certification from a Board approved national certifying organization.

Board Application Fee

- A \$150 non-refundable fee must be paid electronically online when you submit this application, or your application will remain in "pending" or "generate fee" status which means it was not submitted to the Board.
- Fees must be paid online with your application. Use Master Card, VISA or Discover credit or debit cards. If you do not have this type of credit or debit card, you can obtain a pre-paid card at local stores to use.
- In addition to the application fee, please note that the State of Ohio charges an eLicense System Transaction Fee.
- For details about fees, see the Fee Schedule for Licenses and Certificates posted at <https://nursing.ohio.gov/wp-content/uploads/2020/02/Fee-Schedule.pdf> (<https://nursing.ohio.gov/wp-content/uploads/2020/02/Fee-Schedule.pdf>).

Initial APRN Licensure: Education Requirements and Transcripts

- If you are applying for initial licensure as an APRN, you must have earned a master's or doctoral degree with a major in nursing that qualifies you to sit for a national certification examination and have completed a graduate level course in Advanced Pharmacology containing a minimum 45 contact hours of content specified in ORC 4723.482.
- The Advanced Pharmacology course must be completed no longer than 5 years prior to the date you submitted this application.
- Your education program must submit your official transcript to the Board that shows your graduation date, earned degree, and completion of the Advanced Pharmacology requirements. Request that your APRN education program email your transcript to licensureaprn@nursing.ohio.gov (mailto:licensureaprn@nursing.ohio.gov). Hardcopies will be accepted but receiving your transcript via email helps expedite processing. Transcripts provided by applicants will not be accepted.

Reciprocity in Ohio for APRNs Licensed in Another State

Your education program must submit your official transcript to the Board that shows your graduation date, earned degree, and completion of the Advanced Pharmacology requirements. Request that your APRN education program email your transcript to licensureaprn@nursing.ohio.gov (mailto:licensureaprn@nursing.ohio.gov). Hardcopies will be accepted but receiving your transcript via email helps expedite processing. Transcripts provided by applicants will not be accepted.

If you hold a current, valid, APRN license in another state/jurisdiction and are applying for your Ohio APRN license, you must meet the following requirements:

- Hold valid authorization by another state/jurisdiction, or through employment by the United States government, to prescribe, including at least some controlled substances, for a continuous period of at least one year during the three years immediately preceding the date of this application. For the requirements go to <http://codes.ohio.gov/orc/4723.482v1> (<http://codes.ohio.gov/orc/4723.482v1>).
- Complete two hours of continuing education in Ohio law and rules governing drugs and prescriptive authority. Upload the CE documents to this application or email them to licensureaprn@nursing.ohio.gov. For CE resources see <https://nursing.ohio.gov/wp-content/uploads/2020/12/Online-Resources-for-APRN-Prescribing.pdf> (<https://nursing.ohio.gov/wp-content/uploads/2020/12/Online-Resources-for-APRN-Prescribing.pdf>)
- Have completed a graduate level course in Advanced Pharmacology containing a minimum 45 contact hours of content specified in ORC 4723.482. The Advanced Pharmacology course must be completed no longer than 5 years prior to the date you submitted this application, unless you have prescribed at least some controlled substances for a continuous period of at least one year out of the last three years immediately prior to this application date.

National Certification as an APRN

To be licensed, APRNs must be nationally certified and maintain national certification through the applicable national certifying organization. See the following for Board approved national certifying organizations.

<https://nursing.ohio.gov/wp-content/uploads/2020/02/2020-BOARD-APPROVED-NATIONAL-CERTIFYING-ORGANIZATIONS.pdf> (<https://nursing.ohio.gov/wp-content/uploads/2020/02/2020-BOARD-APPROVED-NATIONAL-CERTIFYING-ORGANIZATIONS.pdf>)

The Board requires that primary source verification be submitted directly by the national certifying organization. You must request that your national certifying organization email verification of your national certification to

licensureaprn@nursing.ohio.gov (mailto:licensureaprn@nursing.ohio.gov).

Processing Information

- After completing your application, check the status by returning to your eLicense portal dashboard. If your application is in “pending” or “generate fee” status, the application has not yet been received by the Board because it is incomplete. Return to your application to complete the information and/or pay the fees.
- If your license is “in submitted” or “in review” status, you can check what documents are still needed if you log into eLicense and go to the “Welcome to your eLicense Dashboard.” To review the status of your “in submitted” or “in review” license, select “Application Status” after clicking on the upside down arrow button.
- If your application remains incomplete for one year, the application shall be considered void and the fee is forfeited.

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 (42 U.S.C Section 11101 and 45 C.F.R. Part 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.

Eligibility

By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.

Do you currently hold a master's or doctoral degree with a major in a nursing specialty that qualified you to take an APRN national certification examination of a national certifying organization approved by the Board?

Yes No

Do you currently hold APRN national certification from a Board approved national certifying organization?

Yes No

PROCEED TO APPLICATION

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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.

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

Title

First Name

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

* Email Address

Phone Number

*

Other Phone Number

Citizenship

*

SAMPLE

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.

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☑ ADDRESS SAVED SUCCESSFULLY

[USE DIFFERENT ADDRESS](#)

Military Service

If you have served in the military, provide the information for the type of service and duration of service in order to be eligible for expedited processing and other options. You may be required to submit documentation of military status.

Have you served in the military?

* ▼

If you answered "Yes", are you currently serving in the military?

* --None-- ▼

Has your spouse served in the military?

* ▼

If you answered "Yes", are they currently serving in the military?

* --None-- ▼

I decline to Answer these questions and I understand by not answering, I may not receive expedited/priority licensing service, temporary licensure, extended time allowances, or a waiver of fees, if applicable, for me or my eligible spouse.

Ohio Department of Veterans Services (<http://dvs.ohio.gov/main/home.html>)

OhioMeansJobs (<https://jobseeker.ohiomeansjobs.monster.com/Veterans/VeteranInfo.aspx>)



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Background

Earned Master's or Doctoral Degree Information

You must provide information about your education program/institution. Click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field, and as you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.



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Education Institution

*

Educational Program

Degree Type

* Degree Received

Enrollment Date (MM/DD/YYYY)

*

Graduation Date (MM/DD/YYYY)

*

CANCEL

ADD

Employment History for APRN

If you are currently engaged in the practice of nursing as a CRNA, CNS, CNM or CNP, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physicians and podiatrists. A CRNA is not required to have a collaborating physician. To add an entry to your employment history, click the Add Work History 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

*

*

State

*

*

SAMPLE

CANCEL

ADD

License Verification

To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with (*) are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

* License Number

License Type

* --None--

* Board Name

* Status

Expiration Date

Country

* --None--

State

CANCEL

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Questions

Questions

Answer the following questions. Once completed, click “Save and Continue” to progress through the application.

Do you hold a current, valid license to practice as a CNS in **another** state or U.S. territory?

Yes No

Have you been authorized to prescribe, including at least some controlled substances, **for a continuous period of at least one year during the last three years prior to the date of this application** by another jurisdiction; OR been employed by the United States government and authorized to prescribe, including at least some controlled substances **for a continuous period of at least one year during the last three years prior to today's date**?

Yes No

I completed a 45-hour Advanced Pharmacology course that meets the content requirements of Section 4723.482, ORC.

Yes No

If you are a member of the military or a spouse of a member of the military who is licensed in another state and has moved or will be moving in Ohio for active duty, please answer the following:

Are you a member, or spouse of a member of the military who is seeking a SB7 Temporary Military license?

Yes No

I am licensed as an APRN in another state and am applying for a license in Ohio by reciprocity, and will upload evidence of completion of a 2 hour course in Ohio law and rules governing drugs and prescriptive authority at the end of this application:

Yes No

Have you ever practiced in Ohio as a CNS?

Yes No

By answering "yes" to certain questions below, you are required to provide a written explanation and upload supporting documentation with the application. In the section of this application labeled "Attachments," please upload and attach the necessary documentation, referred to as "Compliance Supporting Document," for each question to which you respond "yes." Your application will remain incomplete unless and until all necessary documents are received.

This question applies to any felony in Ohio, another state, commonwealth, territory, province, or country. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice. Have you EVER 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 felony?

Yes No

This question applies to any misdemeanor in Ohio, another state, commonwealth, territory, province, or country. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice. This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence. Have you EVER 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 misdemeanor?

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

With the exception of the Ohio Board of Nursing, has any board, bureau, department, agency or other body, including those in Ohio, 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 ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Yes No

With the exception of the Ohio Board of Nursing, have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state, commonwealth, territory, province, or country?

Yes No

With the exception of the Ohio Board of Nursing, have you ever 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?

Yes No

With the exception of the Ohio Board of Nursing, have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, with respect to a professional license, certificate, or registration?

Yes No

Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Yes No

Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any psychotic disorder?

Yes No

Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any psychotic disorder?

Yes No

Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are

not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

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

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Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment, the name of the file attachment must be less than 80 characters in length for it to be received successfully. The character limit includes the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. 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.

Ohio Laws and Rules CE

Evidence of completion of a 2 hour course in Ohio law and rules governing drugs and prescriptive authority.

ADD ATTACHMENT

APRN Transcript

I will request my APRN program to email an official transcript directly to the Board to licensureaprn@nursing.ohio.gov that documents my master's/doctoral degree qualifying me to sit for a national certification exam.

ATTEST

National Certification

I acknowledge that I will request that a Board approved national certifying organization email verification of my national certification directly to the Board at licensureaprn@nursing.ohio.gov.

ATTEST

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Review + Submit

Application Review

Completed

Attestation

I am the person in this application and the statements made herein and the documents submitted are true and accurate. I am requesting designation to practice as a Clinical Nurse Specialist (CNS).

I will maintain certification by a national certifying organization approved by the Board in my designated area of advanced nursing practice. I understand that my license will be automatically suspended if I fail to maintain and provide documentation to the Board of current, valid certification by a national certifying organization.

I understand that as a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist I must practice only in accordance with a standard care arrangement entered into with one or more collaborating physicians or podiatrists. The standard care arrangement must comply with the criteria specified in Section 4723.431, ORC and Chapter 4723-8, OAC. I further understand that the standard care arrangement must be retained and be available upon request. This requirement does not apply to employees of the Federal Veterans Administration (VA).

If I have not identified a collaborating physician/podiatrist, I will provide the Board the name and business address of each collaborating physician/podiatrist within 30 days after first engaging in practice. This requirement does not apply to employees of the Federal Veterans Administration (VA).

I have read and understand this Attestation and I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28, ORC.

I attest that I understand all of the fees required and paid by me in order to submit this application are non-refundable.

I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with 4723-1-11, OAC.

Consent to Electronic Signature

I accept

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

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

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.

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SUBMIT

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