

Nursing Licensure by Endorsement Application, LPN

License Selection

Select the Board for which you are seeking a license. Next, select the license type, individual license, and application type.

If you are applying with the Board of Pharmacy, the Chemical Dependency Board, or the Speech and Hearing Professionals Board and are unsure of what license to apply for, click here (/OH_LicenseQuestionnaire) to access the license questionnaire.

Select a Board
Nursing Board

Select a License
Licensed Practical Nurse (LPN)

Select an Application Type
Reciprocity

SAMPLE

Eligibility

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

Have you ever been licensed as a Practical Nurse in Ohio (This excludes the temporary license authorized by HB 197 that expired 3/1/2021 and the temporary license authorized by HB 6 with expiration date of 7/1/2021)?

Yes No

Have you ever been licensed as a Practical Nurse in any other country or state other than Ohio?

Yes No

Application Instructions

Provide the information necessary for the license application. Once finished, click which type of Save option desired.

LPN LICENSURE BY RECIPROCITY APPLICATION INSTRUCTIONS

- You must provide your mailing address. You are required by law to provide the Ohio Board of Nursing (Board) with a valid address where all communication from the Board will be sent.
- Your email address is required for maintaining your online account and payment confirmation. It
- is your responsibility to provide or have all required documents provided to the Board.

1. Non-Refundable Application Fees

- A \$75 non-refundable fee must be paid online when you submit your application, or your application will remain in “pending” or “generate fee” status which means it was not submitted to the Board.
- In addition to the application fee, please note that the State of Ohio charges an eLicense System Transaction Fee.
- Fees must be paid using 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.
- 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>).

2. Medication Administration by LPNs Who Completed a Non-Ohio Education Program

If you completed a pre-license PN program in another state **prior to 1999** you must provide evidence of your successful completion of a basic pharmacology course or course content to administer medications. Upload a copy of your transcript or documentation showing completion of a basic pharmacology course or course content at the end of this application.

3. IV Therapy

If you completed an Ohio PN education program prior to 2009, or if you completed an out of state PN program, in order to administer IV therapy, you must provide evidence that you completed an IV therapy course as part of your education program curriculum or that you took a separate IV therapy course. The course must be substantially similar to Ohio curriculum requirements for LPN IV therapy established in Rule 4723-17-06, OAC, and include skills verification in laboratory and/or clinical. Upload, at the end of this application, a copy of your transcript or documentation of successful completion of course work in the administration of IV therapy.

4. License Verification

Verification of your original PN licensure by examination in another NCSBN jurisdiction, and verification of a current, valid, unrestricted license **from**

either that jurisdiction or any other NCSBN jurisdiction must be provided directly to the Board electronically by Nursys or directly from the NCSN jurisdiction.

Go to www.nursys.com (<http://www.nursys.com>) and request verification through Nursys or request it be emailed to the Board directly at license-verify@nursing.ohio.gov from the NCSBN jurisdiction if that jurisdiction is not a participant in Nursys.

5. Completion of a PN Pre-License Nursing Education Program

The Board must receive evidence that you completed a PN pre-license nursing education program approved by the Board or another NCSBN jurisdiction that qualified you to take the NCLEX examination. Evidence of your pre-license nursing education program is generally included in the Nursys report or if the board is not a Nursys participant, in the board verification report. If it is not included, provide a transcript, or other documentation acceptable to the Board, such as a copy of your application for initial licensure by examination in the other NCSBN jurisdiction.

6. Completion of a RN Pre-License Nursing Education Program

If you have practiced and maintained a current, valid PN license in another jurisdiction continuously for the past 5 years and completed a RN program instead of a PN program, the Board must receive evidence that you completed the RN program and that you have practiced and maintained licensure in another jurisdiction. Upload, at the end of this application, a copy of your RN program transcript, and documentation of your current and continuous licensure in another jurisdiction as an LPN/LVN for the past five years.

7. Continuing Education (CE)

You must submit documentation that you completed two contact hours of “Category A continuing education that is directly related to the Ohio Nurse Practice Act and the rules of the Board. The Category A continuing education must be approved by the Board, an OBN approver, or offered by an OBN approved provider unit headquartered in the State of Ohio. For a list of Category A online courses, go to <https://nursing.ohio.gov/wp-content/uploads/2020/02/Online-Resources-for-Ohio-Law-and-Rules.pdf> (<https://nursing.ohio.gov/wp-content/uploads/2020/02/Online-Resources-for-Ohio-Law-and-Rules.pdf>) . The CE documentation must indicate it is “Category A,” contain your name as it appears on your application, date completed, number of contact hours, and the OBN approved provider of CE that is headquartered in Ohio. See <https://nursing.ohio.gov/wp-content/uploads/2020/12/CEs-RNs-LPNs-DTs-CHWs-Med-Aides-Dec2020.pdf> (<https://nursing.ohio.gov/wp-content/uploads/2020/12/CEs-RNs-LPNs-DTs-CHWs-Med-Aides-Dec2020.pdf>) for information about Category A and other CE questions.

8. English Proficiency for Foreign Educated Applicants

Proof of English proficiency is required except for foreign educated nurses who graduated from a college, university, or professional education program located in Australia, Ireland, New Zealand, the United Kingdom, South Africa, Trinidad and Tobago, Jamaica, Barbados, or Canada (other than Quebec, unless you graduated from McGill University, Dawson College in Montreal, Vanier College in St. Laurent, John Abbot College in Sainte-Anne-de-Bellevue or Heritage College in Gatineau).

All other foreign educated applicants must complete an English proficiency test with a passing score from one of the following and upload test results at the end of this application:

- International English Language Test System (IELTS) (Academic Module) – overall passing score of 6.5 or higher
- Test of English for International Communication (TOEIC) CGFNS Certificate VisaScreen – passing score of 725 or higher

SAMPLE

- Test of English as a Foreign Language (TOEFL iBT) administered by the Education Testing Service (ETS) - Paper/pencil version with passing score of 540 or higher; Computerized version with passing score of 207 or higher; Internet-based version with passing score of 84 or higher
- Pearson Test of English Academic - overall passing score of 55, and with no individual section of the test at a scoring level below 50

9. Criminal Records Check

A BCI (civilian) and FBI (federal) criminal records check is required for all applicants. Refer to the following for information: http://nursing.ohio.gov/wp-content/uploads/2019/07/CRC_Process.pdf; <http://nursing.ohio.gov/wp-content/uploads/2019/07/OhioBoardFingerprintExemption1.0.pdf> (http://nursing.ohio.gov/wp-content/uploads/2019/07/CRC_Process.pdf; %20<http://nursing.ohio.gov/wp-content/uploads/2019/07/OhioBoardFingerprintExemption1.0.pdf>).

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 see if all the information is complete and you paid the fees.
- If your license is “in submitted” or “in review” status, you can check to see 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” licenses or certificates, select “Application Status” from Options.
- 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.

CANCEL

SAVE AND CONTINUE



New License Application

SAMPLE

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

*

Courtney

Middle Name

Suzanne

Last Name

*

Brinkman

Maiden Name

Brenner

* Social Security Number

Date of Birth

* 11/30/1981

* Email Address

csbrinkman24before1con@masoodtest.com

Phone Number

* (231) 838-2412

Other Phone Number

Citizenship

* United States Citizen

List languages you personally use to communicate with patients excluding an interpreter or software

*

Available		Chosen
English	▶	
Afrikaans		
Arabic		
Armenian		

Please scroll through the language options under the Available column, highlight your choice(s) and click the right arrow (>) to move your choice(s) over to the Chosen column.

Individual National Provider Identifier - if not applicable leave blank

Enter home US zip-code. Enter NA if unavailable

*

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?

*

Employment Status

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. Some questions may appear to be duplicative.

What is your primary employment status?

*

Which of the following best describes your five-year employment plan?

*

Are you currently employed outside of USA?

*

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.

Mailing
Address



+ ADD ADDRESS

SAVE AS MAILING

SAMPLE

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?

*

Has your spouse served in the military?

*

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

*

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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New License Application

Background

Education History

You must provide information about your education program/institution. Click on 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.

ADD EDUCATION

Employment History

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.

ADD WORK HISTORY

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.

ADD LICENSE

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution. Some questions may appear to be duplicative.

ADD EMPLOYMENT LOCATION

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New License Application

Questions

Questions

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

I am a U.S. citizen or lawfully admitted into the U.S.?

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

Are you currently employed in Ohio as an LPN?

Yes No

What state were you licensed in by examination?

Have you successfully completed a course in IV Therapy?

Yes No

Were you educated outside of the United States?

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 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 an 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, including those in Ohio?

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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New License 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 is less than 80 characters in length for it to be received successfully. The character limit does include 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.

Education and Practice

If applicable, upload a copy of your RN program transcript, and documentation of your current and continuous licensure in another jurisdiction as an LPN/LVN for the past five years.

ADD ATTACHMENT

Pharmacology

If you completed a pre-license PN program in another state prior to 1999, upload a copy of your transcript if you want to be authorized to administer medication.

ADD ATTACHMENT

Continuing Education Documentation

Upload the CE completion certificate(s) for the 2 contact hours of Ohio Law and Rule Category A.

ADD ATTACHMENT

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New License Application

Review + Submit

Application Review

Completed

Attestation

I am the person in this new application and the statements made herein are true.

I understand that if I have not completed an IV Therapy education with both theoretical and clinical skills components, I will not be authorized to administer IV therapy, and my license will not reflect IV therapy authorization. I further understand that I must obtain Board authorization in order to perform any IV therapy procedures other than those specified in Section 4723.181(B), Ohio Revised Code.

The law regulating the practice of nursing states that the Ohio Board of Nursing may revoke, permanently revoke a license, and deny or permanently deny a licensure application to a person found by the Board to have committed fraud in passing the examination or to have committed fraud, misrepresentation, or deception in applying for or securing any license issued by the Board.

No person may engage in the practice of nursing as a Licensed Practical Nurse in Ohio for a fee, salary, or other consideration, or as a volunteer, unless holding a current, valid Ohio license as a Licensed Practical Nurse.

In order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information will be accessed in accordance with OAC 4723-1- 11(D)(2)(d)(ii).

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

have read and understand this Attestation.

Consent to Electronic Signature

I accept

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

SAMPLE

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 applicatio

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SUBMIT

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