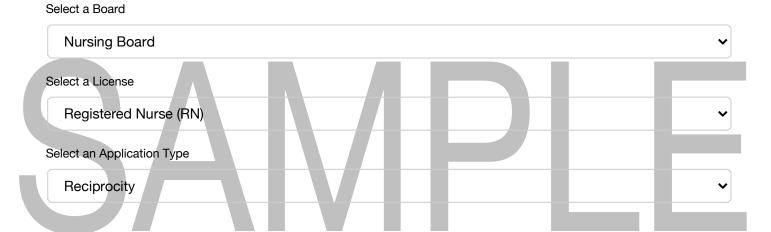
### Licensure by Endorsement Application, RN

### 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.



# Eligibility

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

•	ever been licensed as a Registered Nurse in Ohio (This excludes the temporary license authorized by
HB 197 th	nat 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 RN in any other country or state other than Ohio?
Ves	○ No

### **Application Instructions**

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

### RN LICENSURE BY RECIPROCITY APPLICATION INSTRUCTIONS

- 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.
- 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 Fee

- 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. Verification of Licensure in Another State

Verification of your original RN 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 (mailto:license-verify@nursing.ohio.gov) from the NCSBN jurisdiction if that jurisdiction is not a participant in Nursys.

### 3. Completion of a RN Pre-License Nursing Education Program

The Board must receive evidence that you completed a RN 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.

### 4. 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.

### 5. 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
- 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

### 6. 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/CRC\_Process.pdf)

http://nursing.ohio.gov/wp-content/uploads/2019/07/OhioBoardFingerprintExpemption1.0.pdf (http://nursing.ohio.gov/wp-content/uploads/2019/07/OhioBoardFingerprintExpemption1.0.pdf)

### 7. Advanced Practice Registered Nurse (APRN) Licensure by Reciprocity (Endorsement)

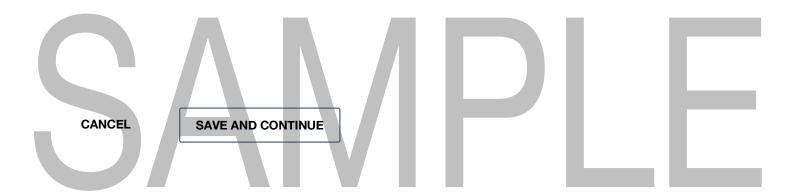
To be licensed as an APRN in Ohio, you must first be licensed as an RN by holding either a RN temporary permit or an RN license. Upon receipt of the temporary permit or license, submit the APRN application to the Board. Using the eLicense portal, click the "Options" button associated with your RN application or license and select the "Apply for an endorsement" option.

### **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.



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# New License Application



### 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
k	

	Middle Name
	Last Name
*	
	Maiden Name
* ;	Social Security Number
	Date of Birth
*	
*	Email Address
	Dhara North as
*	Phone Number
	Other Phone Number
	Citizenship
*	United States Citizen
	Office offices officer
	List languages you personally use to communicate with patients excluding an interpreter or software
*	Available Chosen
	Afrikaans English 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.



# **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?

\* --None-
Which of the following best describes your five-year employment plan?

\* --None-
Are you currently employed outside of USA?

\* --None--

# 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

Street Address Line 2

# SAMPLE

SAVE AS MAILING

Use this address as Mailing

Address Format

US Address

Street Address Line 1



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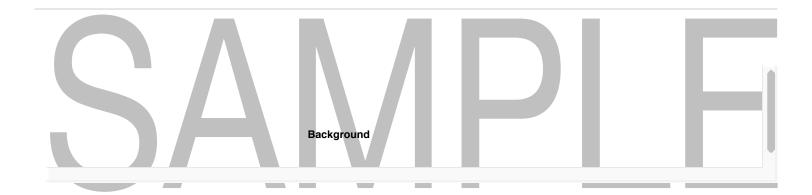
WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)

**GENERAL TERMS (OH\_GENERALTERMS)** 

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# New License Application



# **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.

**Education Institution** 

	CANCEL	ADD
*		
	Graduation Date (MM/DD/YYYY)	
*		
	Enrollment Date (MM/DD/YYYY)	
*	Degree Received	
		~
	Degree Type	
		~
	Educational Program	

# **Employment History**

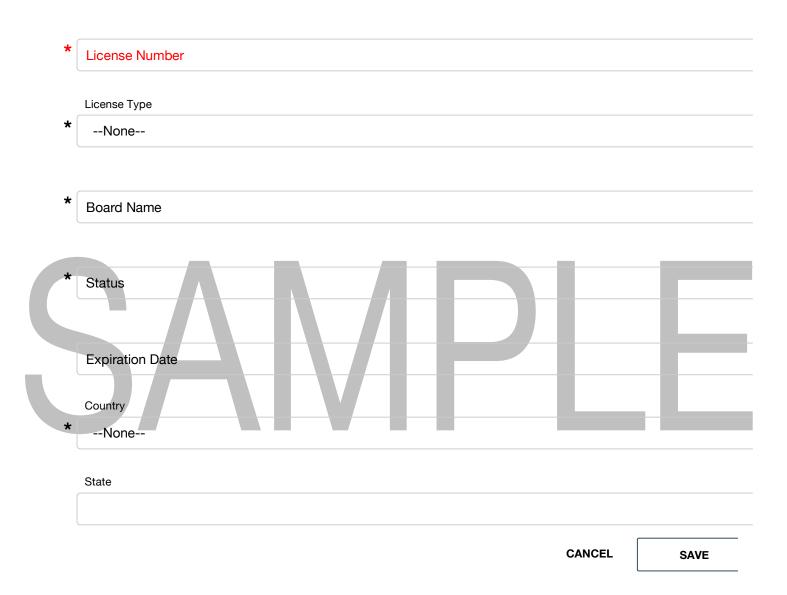
To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (\*) are required.

*	Employer or Non-Working Activity
* [	Job Title
	Current
	Start Date
*	
	End Date
*	
	Average Hours/Week

*	Street Address
*	City
	State
	None
*	Zip/Postal Code
	County
	Country
*	United States
	Email  Work Phone  % Clinical or Environmental
	% Other
	% Admin
	Supervisor Name
	Supervisor Phone Number
	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.



# 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.

After your Employment Location data has been entered please click the SAVE EMPLOYMENT LOCATION button before Saving and Continuing.

*	Name of Practice Site
*	Practice SettingsNone
*	Street Address
*	City
*	Zip/Postal Code  County
*	Major area of focus or speciality at this practice site None  ✓
*	Total hours worked at this practice site, per week
	Percent of time spent per week in each of the following at this practice site:  Direct Patient Care
	Teaching/Academic ?

### New License Application

Professional Services		
Administrative Activities ?		
Other		
Total Percentage		
	Numerican part?	
ch of the following best describes your current empl	pyment arrangement?	F
ch of the following best describes your current employene is an intern/resident position?	byment arrangement?	
ch of the following best describes your current employene is an intern/resident position?	pyment arrangement?	
ch of the following best describes your current employee at this practice		
ch of the following best describes your current employee at this practice		
ch of the following best describes your current employee at this practice None		
None ch of the following best describes your current employee is an intern/resident position? None you employed as a federal employee at this practice. None you accepting new patients at this practice site? None		
ch of the following best describes your current employeers an intern/resident position?  None  you employed as a federal employee at this practice.  None  you accepting new patients at this practice site?		

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# SAMPLE



# New License Application



### Questions

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

be moving in Ohio for active duty, please answer the following:	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?

O No	lo	

If you are a member, or a spouse of a member of the military who is seeking a SB7 Temporary Military License please answer the following:
I continue to be a member of the military or a spouse of a member of the military who is licensed in another state and living in Ohio for active duty. You must provide proof of active military status in Ohio.
Yes No
My license issued by another state is not expired.
○ Yes ○ No
My license issued by another state is not revoked.
My license issued by another state is current, valid, and unrestricted.
Yes No
I am licensed as a spouse of a military member on active duty in Ohio, and have had no divorce, dissolution, or annulment of the marriage that occurred 6 months or longer ago.
Yes No
I am not disqualified due to a conviction, judicial finding of guilt, or plea of guilty to a disqualifying criminal offense.
Yes No
Are you currently employed in Ohio as a RN?
Yes No
Were you educated outside of the United States?
Yes No
What state were you licensed in by examination?
•

I am a U.S	S. citizen or l	awfully admitted in	nto the U.S.						
O Yes	O No								
Indicate	the state wh	ere you hold a cur	rrent valid, and ι	unrestricted li	cense.				
									•
document document	tation with the tation, referre	certain questions le application. In the ed to as "Complian unless and until a	e section of this a ce Supporting D	application lal locument," fo	eled "Attachm each question	ents," pleas	e upload and	attach the	
have been applicatio guilty of, p	n expunged I n, or if this is pled guilty to,	o any felony in Oh F there is a direct your first renewal s pled no contest to onviction, or been	and substantial since the date you, pled not guilty	relationship to ou filed your o by reason of	nursing pract riginal license insanity to, en	ice. Since yo application, tered an Alfo	ou filed your have you bee ord plea, rece	last renewa en convicte	al d of, found
Yes	O No								
was the sexual by Yes	of this application of the same supposed in the sam	to this question, you call on labeled "Alla rting Document," find until all necessary of the following: agging sexual imposition of goffense?	achments," plea for each question ary documents a gravated murder	se upload ann to which yo are received	d allach the non a have respond	ecessary do ded, "yes." Y ghter, feloni	cumentation our applicati	, referred (d	o as main
O Ye	No No								
crimes that violations of, pled g	at have been unless they a uilty to, pled	to any misdemean expunged IF there are DUI/OVI or Phy no contest to, pled onviction, or been	e is a direct and s rsical Control Wi d not guilty by re	substantial re hile Under the eason of insa	lationship to no Influence. Ha nity to, entered	ursing practi ve you EVEF d an Alford p	ce. This does been convidues, received	s not includ cted of, fou I treatment	le traffic nd guilty

### New License Application

incompl	ance Supporting Document," for each question to which you have responded, "yes." Your application shall remain ete unless and until all necessary documents are received.
-	been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent ate court, or been found incompetent to stand trial by a court?
section "Compli	vering "yes" to this question, you are required to provide a written explanation and supporting documentation. In the of this application labeled "Attachments," please upload and attach the necessary documentation, referred to as ance Supporting Document," for each question to which you have responded, "yes" Your application shall remain ete unless and until all necessary documents are received.
Ohio in ar blaced yo	exception of the Ohio Board of Nursing, has any board, bureau, department, agency or other body, including those in by way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; u on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned se forfeited any professional license, certificate, or registration?
Ohio in ar oblaced your otherwise Yes  By answ section "Comple	ly way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; u on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned

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	O No	
section of	this application labeled "Attachments," plea	to provide a written explanation and supporting documentation. In the ase upload and allach the necessary documentation, referred to as on to which you have responded, "yes" Your application shall remain are received.
notified of		ou been notified of any current investigation of you, or have you ever beer is filed against you by any board, bureau, department, agency, or other ional license, certificate, orregistration?
section o	this application labeled "Attachments," plea	to provide a written explanation and supporting documentation. In the ase upload and allach the necessary documentation, referred to as on to which you have responded, "yes" Your application shall remain are received.
Have you e	ver been diagnosed as having, or have you b	peen treated for, pedophilia, exhibitionism, or voyeurism?
section of "Complia	this application labeled "Attachments," plea	to provide a written explanation and supporting documentation. In the ase upload and allach the necessary documentation, referred to as on to which you have responded, "yes." Your application shall remain are received.
	ast five years, have you been diagnosed with tic disorder?	or have you been treated for bipolar disorder, schizophrenia, paranoia, or
Yes	O No	

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 have responded, "yes " Your application shall remain incomplete unless and until all necessary documents are received.	6
Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a ho or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any psychotic disorder?  Yes  No	ospital
By answering "yes" to this question, you are required to provide a written explanation and supporting documentation. 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 have responded, "yes " Your application shall remain incomplete unless and until all necessary documents are received.	5
Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enso that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the 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 not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practition.  Yes No	ough past ed n are
If you answered "Yes" to the previous question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using chemical substance controlled substances?  Yes  No	es or
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	

By answering "yes" to this question, you are required to provide a written explanation and supporting documentation. 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 have responded, "yes" Your application shall remain incomplete unless and until all necessary documents are received.

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# New License Application



### **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.

### **Education Verification**

I acknowledge that my program completion letter or non-Ohio education transcript must be sent directly to the Board by the education institution.

Attestation complete.

**REMOVE ATTESTATION** 

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# New License Application



# **Application Review**

Completed

### Attestation

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

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

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 Registered Nurse in Ohio for a fee, salary, or other consideration, or as a volunteer, unless holding a current, valid Ohio license as a Registered Nurse.

In order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, m personal information will be accessed in accordance with OAC 4723- 1-11(D)(2)(d)(ii). I have read and understand this Attestation and consent for fingerprinting.

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 payme process before the board will review your application. If this application does not require payment, you will be navigate back to the eLicense home page and the board will review your application.

**SAVE & FINISH LATER** 

SUBMIT

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