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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.

Select a Board

Nursing Board



Select a License

Registered Nurse (RN)



Select an Application Type

Reciprocity



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 Registered 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 RN 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.

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/OhioBoardFingerprintExemption1.0.pdf> (<http://nursing.ohio.gov/wp-content/uploads/2019/07/OhioBoardFingerprintExemption1.0.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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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

*

*

* Social Security Number

*

* Email Address

*

*

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

*

AvailableAfrikaans
Arabic
Armenian
Bengali**Chosen**

English

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.

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?

*

--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

☐

SAMPLE

SAVE AS MAILING

☐

Use this address as Mailing

Address Format

US Address



*

Street Address Line 1

Street Address Line 2

* City

State

*

* Zip Code

County

CANCEL

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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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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

*

Educational Program

Degree Type

*

Degree Received

Enrollment Date (MM/DD/YYYY)

*

Graduation Date (MM/DD/YYYY)

*

CANCEL

ADD

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

*

*

State

▼

*

Country

* ▼

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

SAVE

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.

*

Practice Settings

*

*

*

State

*

*

County

*

Major area of focus or speciality at this practice site

*

*

Percent of time spent per week in each of the following at this practice site:

Direct Patient Care ?

Teaching/Academic ?

Research ?

Professional Services

Administrative Activities ?

Other

Total Percentage

Do you have hospital admitting privileges for patients from this practice site?

*

--None--



Which of the following best describes your current employment arrangement?

*

--None--



Is this an intern/resident position?

*

--None--



Are you employed as a federal employee at this practice site?

*

--None--



Are you accepting new patients at this practice site?

*

--None--



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SAVE EMPLOYMENT LOCATION

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Questions

Questions

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

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

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.

☐ Yes ☐ No

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. citizen or lawfully admitted into the U.S.

☐ Yes

☐ No

Indicate the state where you hold a current valid, and unrestricted license.

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. Since you filed your last renewal application, or if this is your first renewal since the date you filed your original license application, 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 a felony?

☐ 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.

Was the felony any of the following: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary?

☐ Yes

☐ No

Was the felony a drug offense?

☐ 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

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.

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

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.

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

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.

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 (including Ohio), 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

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.

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, including those in Ohio, with respect to a professional license, certificate, or registration?

☒ 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.

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

☒ 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.

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

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.

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

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.

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

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 substances or controlled substances?

☐ 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

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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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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Review + Submit

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, my 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 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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