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# Application Instructions

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## Online Renewal Instructions for a Registered Nurse (RN) Standard Board Level Instructions

BEFORE CONTINUING - PLEASE VERIFY YOUR IDENTITY AS DISPLAYED IN THE UPPER RIGHT-HAND CORNER OF THIS PAGE. IF THIS IS NOT YOU, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV (mailto:RENEWAL@NURSING.OHIO.GOV) FOR ASSISTANCE. IF YOU NEED TO SUBMIT A NAME CHANGE REQUEST, RETURN TO THE PRIOR DASHBOARD PAGE, CLICK THE OPTIONS BUTTON, AND SELECT THE "NAME CHANGE" OPTION.

Welcome to the Ohio Board of Nursing Online Renewal Site! Please have the following information available:

1. Complete address information. You will be asked to verify or update your mailing address. You are required by law to provide the Board with a valid address where all communication from the Board will be sent.
2. If you have obtained a new Social Security Number, you must notify the Board of your new Social Security Number by submitting a service request.
3. Your email address is required for maintaining your online account and payment confirmation.
4. A valid credit or debit card (Visa, MasterCard or Discover).

### CONTINUING EDUCATION (CE)

- If this is your first renewal since taking the NCLEX in Ohio and obtaining your license, you do not need to complete the CE requirements. If this is not your first renewal, you are required to complete 24 contact hours of CE related to nursing practice during each licensure period. A nurse licensed by reciprocity for one year or less must complete 12 contact hours of CE.
- For RN renewal in 2021, the CE contact hours need to be completed on or between November 1, 2019 and October 31, 2021 CE must include one (1) contact hour of Category A, which is directly related to Ohio law & rules and approved by an OBN Approver or offered by an OBN approved provider unit headquartered in Ohio.
- Do NOT send CE documents to the Board; but remember, by law you are required to keep your CE documentation for six (6) years.

- For CE information, see <https://nursing.ohio.gov/wp-content/uploads/2020/10/OhioBoardCE.pdf> (<https://nursing.ohio.gov/wp-content/uploads/2020/10/OhioBoardCE.pdf>).

### APPLICATION FEES

- Fees must be paid online at the time of renewal. 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 for renewal.
- In addition to the application fee, please note that the State of Ohio charges an eLicense System Transaction Fee.
- The first renewal deadline is September 15. If you renew on or before September 15, you do not pay a late fee. If you miss that deadline, you have until October 31 to renew your license, but the late processing fee applies between September 16 and October 31. If you miss the October 31 deadline, your license will lapse on November 1 and you cannot work as a nurse while your license is lapsed.
- 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>).

### INACTIVE STATUS

If you plan not to renew your license, you may place it on inactive status by submitting an inactivation request to the Board by October 31.

### APPLICATION PROCESSING AND OCTOBER 31 FINAL DEADLINE

Your license is not considered renewed until your online application and fee are received and processed. October 31 is the last day to submit your renewal application and pay the fees. If it is not renewed, on November 1 your license lapses and then you must apply submit a Reinstatement Application in order to work as a nurse.

### 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 investigation/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.

**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.

\*

Last Name

\*

Maiden Name

\* Social Security Number

Date of Birth

\*

\* Email Address

Phone Number

\*

Other Phone Number

Citizenship

\*  ▼

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?

\*

--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.

ADDRESS SAVED SUCCESSFULLY

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 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?

\*  

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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# License Renewal Application

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Background

## 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.**

\*

\* --None--

\* Street Address

\* City

State

\* OH

\* 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 ?

Research ?

Professional Services

Administrative Activities ?

<input type="text"/>
Other
<input type="text"/>
Total Percentage
<input type="text"/>

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

\*  ▼

Which of the following best describes your current employment arrangement?

\*  ▼

Is this an intern/resident position?

\*  ▼

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

\*  ▼

Are you accepting new patients at this practice site?

\*  ▼

CANCEL

SAVE EMPLOYMENT LOCATION

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# License Renewal Application

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Questions

## Questions

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

Select one of the following regarding completing the twenty-four (24) hour continuing education requirement by October 31 of this year:

I am a U.S. Citizen or lawfully admitted into the U.S.

Yes  No

Since your last application or renewal have you changed or obtained a new Social Security Number?

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 shall 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

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. 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 misdemeanor?

Yes  No

Since you filed your last renewal application, or if this is your first renewal since the date you filed your original license application, with the exception of the Ohio Board of Nursing, has any board, bureau, department, or agency 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 voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Yes  No

Since you filed your last renewal application, or if this is your first renewal since the date you filed your original license application, with the exception of the Ohio Board of Nursing, have you 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

Since you filed your last renewal application, or if this is your first renewal since the date you filed your original license application, with the exception of the Ohio Board of Nursing, have you 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

Since you filed your last renewal application, or if this is your first renewal since the date you filed your original license application, with the exception of the Ohio Board of Nursing, have you been notified of any current investigation of you, or have you 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

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 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

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

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 addicted to, dependent on, diagnosed with addiction, dependence or substance use disorder related to, or treated for addiction, abuse, dependence or substance disorder related to your use of alcohol or any chemical substance; or have you used any drugs that are illegal or were prescription drugs used by you without a legal, valid prescription?

Yes  No

What type of nursing credential qualified you for your first U.S. nursing license?

What is your highest level of education?

In what country did you receive your entry-level nursing education?

In what U.S. state or territory was your initial nursing education program located?

What year were you initially licensed as a nurse in the U.S.?

In what country were you initially licensed as a RN?

What is your current job status?

Do you have a secondary nursing practice?

Do you have a BSN?

If you are proficient in a language other than English, please select from the list below.

Do you serve on a board that influences health care policy? For example, board of trustees; non-profit health related board; local, state, or federal health related board or policymaking body; etc.?

Yes  No

Are you associated with the U.S. Armed Forces?

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Yes  No

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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

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Yes  No

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If you are proficient in a language other than English, please select from the list below.

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Yes  No

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Attachments

## 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.



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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 verify that all information provided is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with 4723.28, ORC.

### 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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