



LPN Reactivation and Reinstatement Application

Application Instructions

Online Reinstatement/Reactivation Instructions for a Licensed Practical Nurse (LPN) Standard Board Level Instructions

BEFORE CONTINUING - PLEASE VERIFY THAT YOUR NAME IS DISPLAYED IN THE UPPER RIGHTHAND CORNER OF THIS PAGE. IF YOU SEE A NAME OTHER THAN YOUR OWN, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV FOR ASSISTANCE.

Welcome to the Ohio Board of Nursing!

Please have the following information available:

1. Complete address information. You will be asked to verify or update the 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. Your Social Security Number if you have obtained a new Social Security Number since your last renewal.
3. Your email address is required for maintaining your online account and payment confirmation.
4. A valid credit card (Visa, MasterCard or Discover).

CONTINUING EDUCATION (CE)

You must maintain continuing education documentation in the form of a certificate issued by the provider, or a school transcript that was completed during the twenty-four month period immediately before the application date. CE must include One (1) contact hour Category A (directly related to Ohio law & rules). Category A must be approved by an OBN Approver, or offered by an OBN approved provider unit headquartered in the state of Ohio. See below for CE requirements:

Lapsed license for less than two (2) years, or holds a current, valid license in another state

- 1 Contact Hour - Category A (Ohio Law & Rules).
- 23 Contact Hours - Relevant to nursing practice.

Lapsed license for two (2) or more years, and does not hold a current, valid license in another state

- 2 Contact Hours - Category A (Ohio Law & Rules).
- 6 Contact Hours - Application of the nursing process and critical thinking; clinical reasoning or nursing judgment related to patient care. Examples include courses covering assessment, treatment of specific conditions, evidenced-based practice and research.
- 6 Contact Hours - Pharmacology which includes, but is not limited to, drug classifications, medication errors, and patient safety. Other examples include courses covering medication administration, pain management and pharmacologic management of specific conditions.
- 2 Contact Hours - Clinical or organizational ethical principles in health care. Examples include courses covering end of life, confidentiality and legal medical issues.
- 8 Contact Hours - Relevant to nursing practice.

CRIMINAL RECORDS CHECK

BCI (civilian) and FBI (federal) background checks are required if your LPN license has been lapsed 5 or more years. Refer to the website for more 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)

FEE

A fee must accompany this application and will be processed electronically.

APPLICATION PROCESSING

Your license is not considered reinstated/reactivated until your online application and fee are received and processed by the Board. You cannot practice nursing in Ohio without a current, valid Ohio nursing license.

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 (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

Eligibility

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

I have completed the necessary CE requirements to reinstate/reactivate my license. (For CE requirements, please refer to the Board's website. (<https://nursing.ohio.gov/wp-content/uploads/2020/10/OhioBoardCE.pdf>))

Yes No

PROCEED TO APPLICATION

SUPPORT (OH_SUPPORTPAGE)

REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (OH_PRIVACYNOTICE)

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

GENERAL TERMS (OH_GENERALTERMS)

SAMPLE



License Reinstatement & Reactivation 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

*

Middle Name

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

 USE DIFFERENT ADDRESS

Military Service

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

Have you served in the military?

*

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

* --None--

Has your spouse served in the military?

*

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

* --None--

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

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

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



SUPPORT (OH_SUPPORTPAGE)

REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T0000000UG2L)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (OH_PRIVACYNOTICE)

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

GENERAL TERMS (OH_GENERALTERMS)



License Reinstatement & Reactivation Application

SAMPLE

Background

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.

*

*

Current
Start Date

*

End Date

*

Average Hours/Week

* Street Address

* City

State

▼

* Zip/Postal Code

County

Country

* ▼

Email

Work Phone

% Clinical or Environmental

% Other

% Admin

SAMPLE

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.

*

Practice Settings

*

*

*

State

*

*

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 ?

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--

CANCEL

SAVE EMPLOYMENT LOCATION

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

[SUPPORT \(OH_SUPPORTPAGE\)](#)

[REGISTRATION GUIDE \(/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L\)](/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L)

[CONTACT \(OH_CONTACTUS\)](#)

[PRIVACY NOTICE \(OH_PRIVACYNOTICE\)](#)

[WWW.OHIO.GOV \(HTTP://WWW.OHIO.GOV\)](http://www.ohio.gov)

[GENERAL TERMS \(OH_GENERALTERMS\)](#)



License Reinstatement & Reactivation Application

SAMPLE

Questions

Questions

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

Have you practiced in Ohio since your license/certificate was inactive or lapsed?

Yes No

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

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, agency or 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

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

SUPPORT (OH_SUPPORTPAGE)

REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T0000000UG2L)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (OH_PRIVACYNOTICE)

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

GENERAL TERMS (OH_GENERALTERMS)



TESTING ENVIRONMENT - NOT FOR PUBLIC USE



License Reinstatement & Reactivation Application

SAMPLE

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.

Continuing Education Documentation

I attest that I have met the Continuing Education (CE) requirements for reinstatement or reactivation of my nursing license and will retain documentation of the CE for a minimum period of six years.

ATTEST

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

SUPPORT (OH_SUPPORTPAGE)

REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T0000000UG2L)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (OH_PRIVACYNOTICE)

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

GENERAL TERMS (OH_GENERALTERMS)



License Reinstatement & Reactivation Application

SAMPLE

[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 Section 4723.28 (A) and/or (B), 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.

[SAVE & FINISH LATER](#)

[SUBMIT](#)

[SUPPORT \(OH_SUPPORTPAGE\)](#)

[REGISTRATION GUIDE \(/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T000000UG2L\)](#) [CONTACT \(OH_CONTACTUS\)](#)

[PRIVACY NOTICE \(OH_PRIVACYNOTICE\)](#)

[WWW.OHIO.GOV \(HTTP://WWW.OHIO.GOV\)](#)

[GENERAL TERMS \(OH_GENERALTERMS\)](#)