

Ohio Board of Nursing

Fall 2025 • Volume 23 Issue 4

# MOMENTUM

Official Publication of the Ohio Board of Nursing



## DELEGATION OF NURSING TASKS TO UNLICENSED INDIVIDUALS

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# MOMENTUM

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edition 91

# CONTENTS

**FALL 2025 ■ Volume 23 Issue 4**

<b>4</b>	From the President
<b>6</b>	From the Executive Director
<b>8</b>	Legislative Report
<b>10</b>	Delegation of Nursing Tasks to Unlicensed Individuals
<b>12</b>	How to File a Complaint
<b>14</b>	Register for Outreach and Event Presentations
<b>15</b>	Understanding the OBN's Mandatory Offense Reporting Rule
<b>16</b>	More Insight into the Role of a Doula, From a Doula
<b>18</b>	Licensees & Certificate Holders Required to Cooperate with Investigations
<b>20</b>	Board Disciplinary Actions



**Board of Nursing**

***Momentum*** is the official journal of the Ohio Board of Nursing. ***Momentum***'s traditional journal & interactive digital companion serves over 325,000 nurses, administrators, faculty and nursing students, 4 times a year all across Ohio. ***Momentum*** is a timely, widely read and respected voice in Ohio nursing regulation.

# FROM THE PRESIDENT

Erin Keels,  
DNP, APRN-CNP, NNP-BC,  
President



**I** was thrilled to attend the 2025 National Council of State Boards of Nursing (NCSBN) Annual Meeting in Chicago, held from August 13 to August 15, 2025. It was a truly inspiring experience—nursing regulators from across the nation and around the world came together, and the level of innovation showcased was absolutely breathtaking.

One of the standout sessions was “**Bringing Clarity to Action: From Mission to Strategy**,” which focused on future strategic planning. Another highlight was the **Exam Committee/Test Plans Forum**, where updates for the NCLEX program were shared—including changes to the passing standards scheduled to take effect April 1, 2026. Beyond the formal sessions, the energy, collaboration, and forward-thinking atmosphere made the entire event unforgettable. The Ohio Board of Nursing gained valuable insight over three intensive days that will impact, add to, and improve our operations.

Be sure to visit [Nursing.Ohio.gov](https://Nursing.Ohio.gov), as well as the Board’s Facebook, X, and LinkedIn pages, for updates on the many new rules that took effect September 14, 2025. We’ll be sharing details about the new Safe Haven Program. The Board continues to evolve, and our online platforms are the best way to stay current with important changes.

As always, thank you for your commitment to safe nursing practice and to the health and well-being of Ohioans. Together, we continue to advance excellence in nursing and healthcare regulation and strengthen the professions we are all so proud to serve.



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in nursing and  
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# FROM THE EXECUTIVE DIRECTOR

Marlene Anielski, MBA, OCPM  
Executive Director



**I**t has been an exciting and productive few months at the Ohio Board of Nursing (OBN). As RN and APRN renewal season comes to a close, our team has also been busy connecting with the community. We had the privilege of participating in several outreach events, including the Ohio State Fair, and sharing our *Flawless Application* program with nursing school graduating classes. If your organization or school would like to invite us to present, you can learn more in the article on page 14.

One of the highlights of my summer was the opportunity to attend the 2025 NCSBN Annual Meeting in Chicago, held August 13–15. The meeting was both informative and inspiring, with updates from NCSBN leadership and committees, and discussions on key initiatives shaping the future of nursing regulation. I gained valuable insights into public protection strategies, advances in licensure and examination services, and efforts to strengthen nursing education and workforce

readiness. The sessions offered both practical tools and a broader perspective on the challenges and opportunities ahead for the nursing profession. I am eager to bring these lessons back to the OBN as we continue our work to serve the people of Ohio and the traveling public with greater effectiveness and efficiency.

Here at home, several important new rules have recently taken effect. These include the establishment of the new Safe Haven Program (4723-19, OAC). Details about the program can be found on page 7.

If you have questions about these rules, renewal applications, or any other OBN-related matters, our customer service team is ready to help. Call 614-466-3947, Monday through Friday, 8:00 a.m. to 4:45 p.m. (excluding state holidays).

Thank you for your ongoing partnership and your commitment to advancing safe nursing and health care practices across Ohio.

## LAUNCH OF OUR NEW WEBSITE

**T**he Ohio Board of Nursing (OBN) is excited to announce the launch of its newly redesigned website, created to provide a more user-friendly and accessible experience for licensees, certificate holders, and the public. The refreshed site features a modern layout, improved navigation, and streamlined access to key information such as licensure renewal, verification, and continuing education resources. Whether users are applying for a new license, checking renewal deadlines, or learning about Board initiatives, the new design makes it easier to find what they need quickly and efficiently.

The website features a top navigation bar with links to Board of Nursing, Licensing & Certification, Education & Practice, Complaints & Regulations, About Us, Podcast & Media, Contact, and a search bar. Below the navigation is a section titled "Select your role below" with icons for APRN - Advanced..., RN - Registered..., LPN - Licensed..., Nursing Students &..., CMA - Certified..., CHW - Community..., DT - Dialysis Technician, and Doula. The main content area includes a "News Feed" section with a "All news" link and a "Events" section with a "All events" link. The news feed shows a post about the latest edition of the Journal of Nursing Regulation and a post about the Safe Haven Program. The events section lists several upcoming events, including the OBN 10/22/2025 - 10/23/2025 Hearing Days, Ohio Board of Nursing November 2025 Board Meeting, OBN Office Closed - Thanksgiving 2025, and OBN 12/10/2025 Board Committee Hearing Day.

# SAFE HAVEN PROGRAM

**A** new chapter of the Ohio Administrative Code, 4723-19, authorizes the Ohio Board of Nursing (OBN) to create a confidential monitoring program for eligible licensees, certificate holders, and applicants. This program offers a private and supportive path for individuals seeking help with burnout, mental health disorders, substance use disorders, or other potentially impairing illnesses, serving as a therapeutic alternative to traditional regulatory actions.

Participation begins with referral or self-referral to the Board-approved monitoring organization, the Ohio Professionals Health Program (OhioPHP). OhioPHP provides comprehensive

well-being screens for healthcare professionals, may recommend further evaluation, and may make referrals for treatment. When necessary, OhioPHP will provide long-term, therapeutic monitoring to observe and check the progress of a participant's recovery through therapy, group support, toxicology testing, and self-assessments.

To learn more about the program, visit [OhioPHP.org/OBN](http://OhioPHP.org/OBN).



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# LEGISLATIVE REPORT



## OBN MONITORS LEGISLATIVE PROPOSALS IMPACTING THE NURSE PRACTICE ACT AND THE PROTECTION OF THE PUBLIC IN HEALTH CARE

The Ohio General Assembly returned from their summer recess following the enactment of the state's biennial operating budget. The massive piece of legislation appropriates tens of billions of dollars and includes the budgets for every state agency. Included in the bill was a policy provision requested by OBN to require all licensees and certificate holders to cooperate with investigations conducted by the Board when they are the subject of a complaint. The purpose of the new requirement is to help streamline the investigatory process and protect patients from potential harm.

Other budget provisions affecting nursing include a prohibition against private insurers varying the reimbursement rate of a covered service based on whether the service was provided by a CRNA or a physician; and earmarked scholarship funding for nursing students who participate in the Home Care and Hospice Workforce Program, established by the Ohio Council for Home Care and Hospice. The bill also reauthorized funding for the Nurse Education Assistance Loan Program which is administered by the Ohio Department of Higher Education.

Looking ahead to the remainder of 2025, we will be monitoring several pieces of legislation impacting the Nurse Practice Act;

such as House Bill 224 which would create a new category of licensees under OBN's authority as "Certified Midwives", as well as Senate Bill 226 and House Bill 377 which seek to revise the law governing the application of light-based medical devices for the purpose of hair removal.

The OBN will also pursue a legislative change to codify that the chairperson of the APRN Advisory Committee is a member of OBN, and to change the name of the Advisory Committee to "Advisory Group" to align the committee with the title of each of OBN's other advisory groups. In addition, the OBN supports the passage of Substitute House Bill 52, which seeks to revise the law governing CRNAs by removing the requirement that they be supervised by a physician in their immediate presence.

And lastly, House Bill 508, which was introduced in mid-October, seeks to remove the requirement that APRNs practice under a standard collaborative agreement (SCA) once they have practiced for 5,000 clinical hours under an SCA. OBN will be tracking HB 508 closely as it begins the legislative process.

The OBN will continue to keep on the lookout for legislative proposals impacting the Nurse Practice Act and the protection of the public in health care.

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# DELEGATION OF NURSING TASKS TO UNLICENSED INDIVIDUALS

## Introduction

The Ohio Board of Nursing is often asked if a specific nursing task can be delegated to an unlicensed individual. For example, can a nurse delegate urinary catheterization or the placement of electrodes and running an electrocardiogram (ECG)?

The Ohio Board of Nursing does not publish a list of tasks that may or may not be delegated. Instead, delegation is patient and circumstance specific. It is ultimately the delegating nurse's responsibility to ensure that all requirements outlined in Chapter 4723-13, Ohio Administrative Code (OAC), are met before assigning a nursing task to an unlicensed individual.

## Definitions

- **Delegation:** The transfer of responsibility for a nursing task from a licensed nurse to an individual who is not otherwise authorized to perform it.
- **Nursing tasks:** Activities that fall within the practice of nursing as defined in the Ohio Revised Code (ORC) by the Ohio Nurse Practice Act (4723.01), and may include, but are not limited to, assistance with activities of daily living that are performed to maintain or improve the client's wellbeing, when the client is unable to perform that activity for him or herself.

## Factors to Consider Before Delegating

The task is within the nurse's scope of practice (4723.01, ORC);

- The nurse has the knowledge, skill, and ability to teach and oversee the task;
- The unlicensed individual has the training and ability to perform the task safely;
- Adequate resources and support are available;
- Supervision can be provided (4723-13-07, OAC); and
- No other law or regulation prohibits the unlicensed individual from performing the task (4723-13-05, OAC).

## Minimum Curriculum Requirements

A nurse shall include all of the following when teaching an unlicensed person to perform nursing tasks:

- Instruction on infection control and universal precautions;
- Explanation of the principles underlying the task;
- Step-by-step instructions based on current standards of practice;
- A live demonstration of the task; and
- Observation and documentation of a successful return demonstration by the unlicensed person (4723-13-06, OAC).

## Supervision

Supervision is a critical component of delegation and is about ensuring patient safety. Supervision includes providing direction, guidance, and evaluation, which may include direct observation. It also involves determining if further instruction is needed, evaluating the reliability of the unlicensed individual, and considering patient needs, number of tasks, and the availability of emergency support. It should be noted that supervision of an unlicensed individual performing a nursing task is different than supervision in employment and personnel matters, such as attendance and timekeeping.

## Supervision levels vary by setting:

- **Healthcare settings:** On-site, direct supervision by the nurse is required; and
- **Non-healthcare settings:** A registered nurse must first conduct a patient assessment. Supervision may then be direct or indirect, with the nurse accessible through telecommunication (4723-13-07, OAC).

## Medication Administration

A nurse is permitted to delegate the administration of medication to an unlicensed individual only in very limited circumstances. When delegating the administration of over-the-counter medications to be applied to intact skin to improve skin condition or providing a barrier, and the administration of eye drops, ear drops, suppository medications, foot soak treatments and enemas.

In a facility where the substantial purpose is not the provision of health care, unlicensed individuals may assist with self-administration of medications, including:

- Reminding patients when to take medications;
- Handing the medication container to the patient;
- Opening containers for patients who cannot do so; and
- Assisting physically impaired but mentally alert patients, by placing medication in a container or helping with application (4723-13-02, OAC).

These Delegation Rules do not prohibit an individual who has specific authority to administer medications to do so, including a Board of Nursing Certified Medication Aide. In addition, other laws permit the administration of medication in specific circumstances including the following:

- Department of Developmental Disabilities (DODD) laws and administrative rules permit certain individuals to administer medications, as identified in Section 5123, ORC and Rule 5123-6, OAC;

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- Schools: When medication is administered by an individual employed by a Board of Education, or a school charted by the State Board of Education, who has been designated according to Section 3313.713, ORC, to administer to a student a drug prescribed by an authorized prescriber; or
- Any person acting in an emergency situation, such as administering an EPI pen for anaphylaxis (4723.32, ORC. 4723-13-02, OAC).

Prohibitions include:

- An unlicensed individual may not delegate a nursing task to another individual (4723-13-05, OAC);
- Delegating nursing tasks must only be performed for the patient identified by the delegating nurse (4723-13-05, OAC); and
- Delegation is not appropriate if the task requires nursing judgment, carries unpredictable outcomes, involves unstable patients, or cannot be properly supervised by the delegating nurse (4723-13-05, OAC).

### Summary

Delegation of nursing tasks to unlicensed individuals is an important component of nursing practice in many settings. Prior to delegating any task, the nurse is required to follow all the requirements of Chapter 4723-13, OAC, including carefully considering the patient, the task, the unlicensed individual's ability to perform the task, and any other circumstance that may impact patient care and safety.

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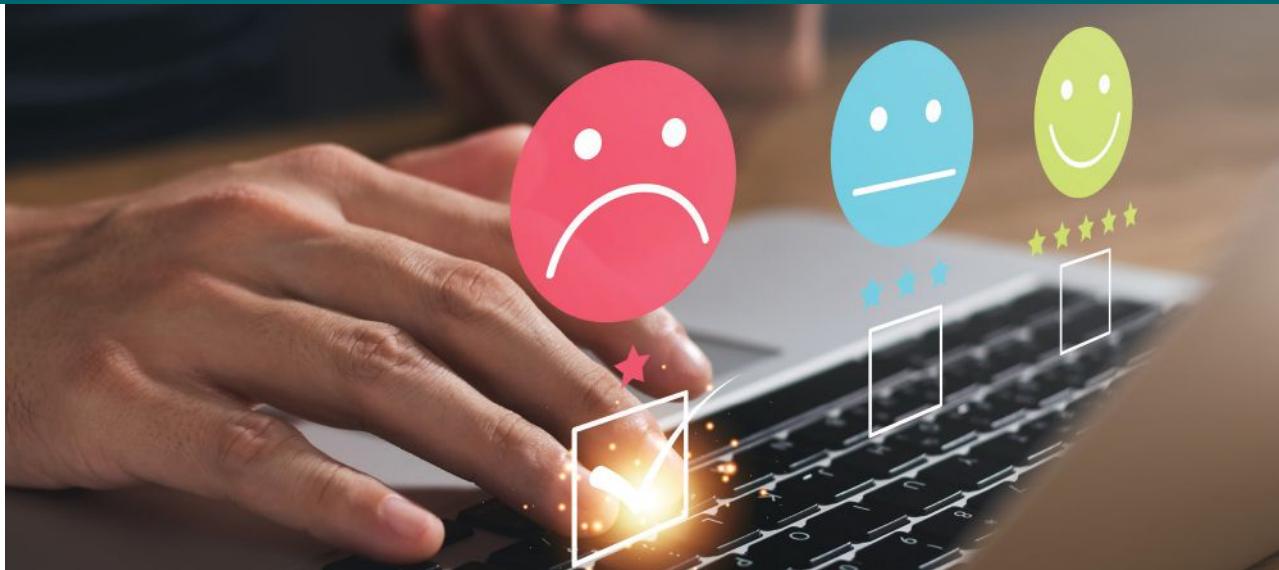
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# HOW TO FILE A COMPLAINT



One of the most important ways the Ohio Board of Nursing fulfills its mission to actively safeguard the public through equitable regulation of nursing and other healthcare professionals is by investigating complaints. We do that with complaints filed through Nursing.Ohio.gov.

## Who Can File a Complaint?

Anyone can file a complaint with the Ohio Board of Nursing, including patients, family members, employers, co-workers, or other healthcare professionals. If you are aware of conduct that may violate laws, rules, or state or federal regulations, you have the right to report it to the Board. Also, **pursuant to section 4723.34 of the Ohio Revised Code**, employers, prosecutors, and contractors are required to report any known violations to the Board.

## What Types of Issues Can Be Reported?

The Board reviews complaints involving possible violations of the Ohio Nurse Practice Act and more, such as:

- Patient neglect or abuse;
- Drug diversion or substance use affecting safe practice;
- Practicing outside of the legal scope of practice;
- Fraudulent or dishonest behavior; and
- Criminal convictions that may impact patient safety.

The Board does not handle complaints such as billing disputes, or workplace conflicts that do not involve patient safety or a violation of law.

## How to File a Complaint

Filing a complaint is straightforward - visit [Nursing.Ohio.gov](http://Nursing.Ohio.gov)/complaint and fill out the online form. There is no time frame or

statute of limitations when filing a complaint. When submitting a complaint, include as much detail as possible, such as dates, names, descriptions of events, and any supporting documents. Anonymous complaints are accepted, however; providing your contact information allows investigators to follow up if more information is needed.

4723.28(I), ORC requires that the Ohio Board of Nursing keep all complaints and records confidential. The information is not public record.

## What Happens After a Complaint Is Filed?

Once received, the Board's enforcement team reviews the complaint to determine if it falls within their authority. If it does, an investigation may be opened. Investigations are confidential, and the Board cannot provide status updates while a case is ongoing.

If evidence supports a violation, the case is presented to the Board for possible disciplinary action, which could include a warning, required education, suspension, or revocation of a license or certificate.

## Protecting Patients and the Public

Filing a complaint is an important way to help the Board of Nursing protect patients and ensure safe, ethical nursing practice in Ohio. If you believe a nurse or certificate holder is putting patients at risk, do not hesitate to reach out to the Board.

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# REGISTER FOR OUTREACH AND EVENT PRESENTATIONS



The Ohio Board of Nursing vision is to be a leader through innovative and efficient healthcare regulation positively impacting the wellbeing of every Ohioan. Our mission is to actively safeguard the public through equitable regulation of nursing and other healthcare professionals. While much of the work happens behind the scenes through licensure, enforcement, and policy, outreach and event presentations play a critical role in advancing the Board's vision and mission.

## Building Awareness and Understanding

Events and outreach provide an opportunity for the Board to explain its role and responsibilities directly to nurses, students, educators, certificate holders and the public. Many individuals may not realize the scope of the Board's work—from approving nursing education programs to investigating complaints and enforcing standards of practice. Presentations help increase awareness of these functions, strengthening public confidence in the nursing profession and the regulatory system.

By engaging with nurses and nursing students in person, the Board can share timely information on laws, rules, and policies. Presentations on topics like continuing education, licensure requirements, or mandatory reporting clarify expectations and help reduce the risk of misunderstandings or unintentional violations. The proactive approach supports compliance, protects patients, and fosters professional accountability.

## Encouraging Collaboration and Feedback

Events also create space for two-way communication. When Board representatives attend conferences, workshops, or educational sessions, they gain insight into the challenges and concerns facing nurses and healthcare providers in Ohio. The feedback is invaluable for informing future OBN procedural decisions and

ensuring that regulations remain fair, effective, and responsive to the realities of practice. Outreach also helps build trust and partnership between the Board, nurses, healthcare providers and the public. By being visible and accessible, the Board demonstrates its commitment to working with—not just regulating—members of the healthcare community. These connections reinforce the shared goal of advancing safe, competent care across Ohio.

## Supporting Healthcare's Next Generation

For students and new graduates, hearing directly from the Board helps demystify the transition into practice. Presentations at nursing schools and career events offer guidance on licensure, professional responsibilities, and continuing education, setting the stage for a successful start in their careers and flawless applications. The Ohio Board of Nursing has presented to 95% of Ohio nursing schools.

## Request a Presentation

Organizations, schools, and professional groups are encouraged to request a presentation from the Ohio Board of Nursing. Whether you are seeking an overview of licensure requirements, guidance on continuing education, or information on current regulatory updates, Board staff are available to share their expertise. To request a presentation, simply fill out our event request form at [Nursing.Ohio.gov/EventRequest](http://Nursing.Ohio.gov/EventRequest). Outreach and event presentations are more than just educational opportunities—they are essential tools for strengthening public trust, supporting compliance, and fostering collaboration. By engaging directly with Ohio's nurses and stakeholders, the Board ensures its mission of public protection is carried out in both policy and practice.



# UNDERSTANDING THE OBN'S MANDATORY OFFENSE REPORTING RULE

The Ohio Board of Nursing (OBN) is committed to protecting the health and safety of patients and the public. One of the most important tools the Board uses to uphold our mission is its Mandatory Offense Reporting Rule (Ohio Administrative Code 4723-7-08, <http://bit.ly/47k5rkS>).

## What the Rule Requires

The Mandatory Offense Reporting Rule requires individuals who apply for or hold an Ohio nursing license or certificate of authority to notify the Board if they are convicted of, plead guilty to, or are granted judicial intervention for certain criminal offenses. These include:

- Felonies;
- Misdemeanors related to the practice of nursing;
- Misdemeanors involving gross immorality or moral turpitude; and
- Drug or alcohol-related misdemeanors.

The report must be submitted within 30 days of the conviction or plea.

## How to Report

Licensees and certificate holders can submit offense reports directly to the Board by filling out the complaint form at [Nursing.Ohio.gov/complaint](http://Nursing.Ohio.gov/complaint). If you have questions, email the Ohio Board of Nursing at [Complaints@Nursing.Ohio.gov](mailto:Complaints@Nursing.Ohio.gov). Ohio Board of Nursing staff will review the reports and follow up as needed.

## Supporting Public Trust

The Mandatory Offense Reporting Rule reinforces the trust placed in healthcare professionals by patients, employers, and the public. By promptly disclosing criminal offenses, nurses help safeguard the integrity of their professions and support the Board's role in ensuring safe, competent care for all Ohioans.

To self-report, follow the QR code.



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# MORE INSIGHT INTO THE ROLE OF A DOULA, FROM A DOULA



The Ohio Board of Nursing (Board) is pleased to share the second installment in a three-part series offering readers a deeper look into the role of a doula. A doula is defined in Section 4723.89, Ohio Revised Code, as a trained, nonmedical professional who advocates for, and provides continuous physical, emotional, and informational support to, a pregnant woman through the delivery of a child and immediately after the delivery, including during any of the following periods: the antepartum period; the intrapartum period; and the postpartum period. The Board began regulating doulas in October 2024, and there are presently 205 State of Ohio certified doulas. Although state certification is not required for doulas to engage in their work, only doulas who are State of Ohio certified are permitted to bill the Ohio Department of Medicaid for their services. The views expressed in this article are those of the individual doula.

Our interviewee became a Certified Professional Midwife in October 2024, but the emphasis of our discussion was her doula role. It was a friend in graduate school, where the doula was majoring in education with a focus on family and consumer sciences, that introduced her to the doula profession. She had been working with pregnant teens, which she loved doing, through a program called "Grads." Her friend, an educator for a well-known doula certifying organization, thought she would enjoy the work, urged her to take doula courses and read the book "The Birth Partner." She credits the friend for opening the door to the doula profession and she "fell in love with the work." Becoming a doula permitted her to continue her work with pregnant teens but in a different capacity. The doula had never been interested in becoming a medical professional or working a timed shift schedule, but very much enjoyed the spontaneity of working with birth moms, so it was a very good fit for her interest and

academic preparation. She completed her doula education and obtained her doula certification. She said the broad recognition of her doula certificate permitted her to access spaces as “it is recognized everywhere.” She found the certification especially useful during the COVID-19 pandemic, as she credits it for her ability to attend her clients’ hospital births when hospitals were otherwise limiting access. She has now been a doula for 12 years. As for her doula work, she especially loves working with clients during the prenatal period. She is very up front with her clients, educating them on “everything they need to know and what needs to be said.” She prefers to hold at least three prenatal visits with her clients. During that time, she discusses various interventions, what they are for, that they may or may not work, and other important educational topics including the various stations of the baby during labor, and more. It is paramount to discuss the birth experience with clients. She emphasized that doulas are there to support the client throughout their pregnancy and birth, but doulas are not there to “deliver” the baby, “doulas are not midwives.” Some doulas do become midwives, as she did, but the two are very different roles. When speaking with her clients she is very clear to define the doula role, services and limits. For example, she explains that doulas do not perform any medical-type assessments, such as a cervical check or listening to the baby’s heart rate. Before accepting a client, she considers the geographic location of the client in relation to the doula’s residence. Her county has areas that do not have a lot of service providers, requiring some travel, but she wants to be realistic. She refers a potential client to someone closer to the client’s area if she determines they are too far away. She does what is best for the client.

The doula is contacted by her clients when their labor begins. They may be “in labor,” but that does not mean they are in “active labor.” She has had clients in labor at home for up to three days. She said this is why it is important to educate clients on the stages of labor during the prenatal visits. If they have chosen a hospital birth, they should not go too early when they are not in active labor. She supports the client’s labor at home by recommending different positions for their comfort. A client’s birth plan may be more readily followed during a home birth, but home births are not for everyone. When delivering at a hospital, the birth plan may change or cannot be followed depending on various factors. The doula has been present with clients at the hospital during some prolonged or complicated labor and births, which do sometimes occur. Some resulted in her clients undergoing C-sections, and some clients were presented with medical options or interventions “to make something happen” if the health care provider determined labor was not progressing well.

The doula has been pleased to work with all of her clients over the years, but she is particularly proud of her work and support

in a particular client situation. This client was “a teen mom,” age 17 pregnant with twins, whom she met at a pregnancy center. She began working with the client when she was 16 weeks into her pregnancy. The client was able to have a vaginal birth for both babies, “which is unheard of.” At 32 weeks the client was admitted to a hospital but was not satisfied with the options she was offered. The client spoke up, decided to move to a different hospital, and did so. After moving, she was provided the opportunity to deliver her babies vaginally, agreeing to deliver in the operating room as a precaution in case the health care providers needed to emergently convert to a C-section. The vaginal delivery was possible due to the position of Baby B. If the baby’s position had changed, it could have complicated the delivery necessitating surgical intervention. However, all went well under careful monitoring and teamwork.

The doula discussed some challenges. Within the hospital space, especially, she sees her role in client advocacy and support as an integral part of the birth team, but it is sometimes difficult to be heard and recognized as such, though this is not within a doula’s control. She appreciates when her presence with her client is recognized and welcomed. Her goal is to ensure her client has a birth plan and that it is understood and respected by those attending her client’s labor and birth. An additional challenge are clients who seek to include “unrealistic expectations” in their birth plan, which the doula does not support. She said this takes clear and careful explanation and communication with the client.

Currently, the doula is limiting her work due to family and other obligations, however, she had previously accepted up to three anticipated births per month. Her current work is primarily serving as a back-up to other doula colleagues. She is an active advocate for doula and midwife presence during births, and she disseminates information about the availability and roles of both doulas and midwives. They may not be for everyone, but each birth mom should be fully informed about their support options. It is important for everyone to be informed about normal physiological pregnancy and birth and to have someone readily available to call and respond to questions. She also advocates for an increase in doulas throughout the state, and has been attending health fairs and other events to promote doulas becoming a State of Ohio certified doula.

The doula emphasized that doulas have the same goals as other members of the birth team, to educate, support and advocate for their clients.

# LICENSEES & CERTIFICATE HOLDERS REQUIRED TO COOPERATE WITH INVESTIGATIONS



**A**n amendment to House Bill 96 gives the Ohio Board of Nursing statutory authority to require all licensees and certificate holders to fully cooperate during investigations and compliance inquiries. The authority, already common among other licensing boards such as the state medical and dental boards, strengthens the Board's enforcement tools.

Under the new law, licensees and certificate holders must provide requested information, documentation, or statements, and meet with investigators when asked. Failure to cooperate may result in disciplinary action. Without this authority, investigations could be delayed and compliance issues left unresolved. With

it, the Board can more efficiently uphold professional and ethical standards while promoting patient safety through timely resolution of concerns.

The requirement is in addition to the existing obligation to self-report certain criminal convictions or pleas within 30 days. These include felonies, misdemeanors related to nursing practice, misdemeanors involving gross immorality or moral turpitude, and drug- or alcohol-related misdemeanors.

Nurses and certificate holders are encouraged to stay informed by visiting [Nursing.Ohio.gov](http://Nursing.Ohio.gov) and watching for updates in future issues of Momentum.

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# BOARD DISCIPLINARY ACTIONS

The following includes lists of Board disciplinary actions taken at public meetings regarding licensed nurses or certificate holders. Copies of Ohio Board of Nursing discipline actions dating from Jan. 1994 up to 35 days ago can be downloaded directly using NCSBN's NURSYS-QuickConfirm website. For copies of OBN discipline records dating before Jan. 1994 or within the past 35 days please email DRecords@Nursing.Ohio.gov with your name and the Name/ License number of the person whose records you are requesting.

## September 2025 Compliance Actions

LAST NAME	FIRST	LICENSE	LAST NAME	FIRST	LICENSE	LAST NAME	FIRST	LICENSE
Anderson	Alex F	MSL RN 483370; PN 164784	Cole	Shelan A.	RN 529247	Hartkop	Nathanyal	RN 506305
Andrich	Kelli	RN 365952	Cooper	Crystal L.	PN 178631	Haynes	Ashley D.	PN 170470
Arant	Christopher	RN 438311	Cooper	Delaney	RN MSL endorse	Hemingway	Tawanna L.	PN 145893
Ash	Jessica	PN 181864	Corbin	Alexis	PN MSL 187048	Hermiller	Ms. Lisa	PN 143222
Ashbaugh	Eric	RN 430768	Darr	Denise	RN 398290	Hollowell	Lisa M.	RN 221363
ATA College Pre-Licensure Practical Nursing Diploma ATA College Registered Nursing Associate Degree Nursing			Davenport	Khalilah Enoch	RN MSL NCLEX	Hopkins	Barbara J.	RN 378409
Babbs	Christina	RN 310345	Davis	Reanna	RN 534240	Isom	Jennifer	PN 190609
		CNP 024091	Deas	Erin E	RN 288671	Jackson	Ashley	PN 129249
Baker	Amberley O.	PN 121669	Deloach	Stephanie	PN 158405	James	Susan	PN 207245
Baker	Suellen	PN 172893	Douglas	Milleon AL	RN 424680	Jegede	Joan Eremase	PN NCLEX
Barnes	Danielle N.	RN 482540;	Felbry College School of Nursing Associate of Applied Science in Nursing Felbry College School of Nursing Practical Nursing			Johnson	Eartha	RN 504260
Bates	Staci M.	PN 159600	Ferrell	Julie	RN 425316	Johnson	Shereca L	PN 147286
Benson	Cordaysia J.	PN 191468	Flaherty	Leah B.	RN 328441	Jordan	Keandra D.	RN endorse
Berardinelli	Darla M.	PN 316708	Floure	Anissa L	RN 344982	Julious	Angela M	PN 141470
Biggins	Monique	PN 203708	Frame	John	PN 154867	Kaminskyy	Borys V.	PN 421974
Bonar	Kala L.	PN 365029	Frazee	Emily	RN MSL endorse	Kauffman	Scott	PN 167151
Book	Megan	RN 496458	Frazier	Shavon	PN 122503	Kavanaugh	Kaitlyn N.	PN 518456; PN 171939
Bowling	Natasha	PN 140597	Freeland	Valerie R.	PN 099796	Kbyii	Abeta E	PN 524926; PN 139658
Boyd	Maria L.	PN 154396	Gabbard	Stephanie H.	PN 145768	Keen	Joely	PN 484396
Brown	Kristie L.	PN 167914	Gaudel	Sagar	PN endorse	Kelly	Lisa R	PN 139686
Brown	Miranda	PN 130042	Goldauskas	Ashley M.	PN 161467	Kern	Christina	PN 186755
Burke	Felicia	PN 154514	Goldsmith	Krista M.	PN 153430	Keyes	Joshua B.	PN 470836
Burks	Michelle A.	PN 152248	Gran	Rebecca M.	PN 118308	Kirkland	Carolyn M.	PN 188065
Cartwright	Morgan	PN 185835	Greenwood	Trevor	PN 367870	Kunk	Stacey	PN 112006
Cashin	Melissa M.	RN 409071	Hagley	Paul M.	PN 352155	Kyle	Jennifer L.	PN 430073
Cerny	Amanda M.	RN 446077	Hall	Angel R	PN 165015	Laforest	Jennifer	PN 506681
Cerny	Cynthia E.	PN 156805	Hamilton	Shawntea	PN 173450	Lewis	Tammy L	PN 314597
Chaabani	Deanna K.	PN 347807	Hammond	Kiley	PN 431570	Liederbach	Brooks M	PN 138428
Chambers	Megan A.	PN 310299	Harris	Felicia	PN 394069	Lockard	Jennifer	RN MSL 403220
Clark	Kimberly	PN 275185	Harris	Travis M.	RN 469607	Lofgren	Norma	RN 384681
Clemons	Meaghan S.	CHW 001186						

LAST NAME	FIRST	LICENSE	LAST NAME	FIRST	LICENSE	LAST NAME	FIRST	LICENSE
Long	Robert C	RN 469389	O'Rell	Erica S	RN 496682	St.John	Lori	PN 068432
Mallory	Ci'erra	LPN.180596. MEDS-IV	Oltmann	Krista	RN 378308	Steele	Amanda C.	PN 165165
Matic	April L	RN 319137	Pickard	Lara	RN 371643	Stephens	Rashae D.	PN MSL NCLEX
McCleary	Marissa	RN 278452; CNP 019979	Quinn	Brandon Q.	RN 444682	Stir	Tiffany	PN 162407
McHale	Robert	RN 464510	Ramsey	Jeaneen	PN 145349	Swafford	Rachel	PN 119582
Mead	Nasradin	RN 390935	Ray	Amanda	RN 449916	Swartz	Dustin	RN 451073
Mengstu	Bethlehem	RN 429046	Reamer	Andrea	RN 306750	Terry	Katie	RN 516830
Meyers	Pamela	PN 105141	Reed-Garcia	Jessica	PN 176591	Tolley	Alyssa N.	RN 451144
Miller	Jannette M	RN 387871; PN 143395	Rezik	Hussien	RN 544502	Tuuri	Tiffany M.	RN 499925
Miller	Jeranna L	RN 503045	Risner	Brittany D.	PN 182838	Tzagournis	Manuel A.	RN 532735;
Miller	Joshua	CHW applicant	Rivera	Amanda L	RN 341922	Vauthier	Kayla	PN 182313
Miller-Wilson	Mary E.	RN 424668; CNP 18906	Roberts	Liam J J	PN 186546	Velazquez	Charity N	RN 291357
Monnard	Amanda	RN 306264	Roberts	William H	RN 356779; CNP 16636	Walraven	Christina L	PN 171351
Moore	Bobbi L	RN 290918	Roese	Mason	RN 485839	Warnett	Tameka	PN 151331
Moore	Brock A.	RN 466045	Sampson	Michael W	GA MSL	Washington	Krystal	RN 356516; CNS 019373
Napier	Heather N	PN 170380	Sanders	Lovie A	PN 171060	Watson	Kristina R	RN 460612
Neininger	Thomas	MSL RN 366382	Scott	Tiffany	RN 293881	Watson	Linda	WV RN 58518
Nelson, Jr.	David	PN 114554	Sell	Ashton D	RN 526896	Westbrook	Carmenika K	PN 187862
Newman-Watson	Jessica	RN 539158	Sen	Melissa	PN 113796	Wetzel	Scott	PN 169614
Norman	Megan	RN 325905	Sherba	Alexis K.	RN 406956	Wickline	Ami A.	RN 411209
			Simms	Patricia A.	PN 323289	Willoughby	Julie K	RN 398478
			Sims	Tashayla	PN 161239	Wogoman	Heather L	PN 139094

## September 2025 Monitoring Actions

Last Name	First Name	License	Last Name	First Name	License	Last Name	First Name	License
Aldridge	Melanie	RN 517326	Grant	Lindsey	RN 458780	Oyelami	Akorede Malik	CMA 001286
Allen	Kalani S.	PN 170301	Hashman	Justin M.	PN 346061 PN 125166	Palmer	Sarah	PN 169321
Andrews	Kayla	RN 377965	Henchar	Stephanie M	RN 381334	Patricy	Martha L.	PN 125526
Arwood	Amber A.	RN 302799	Hill	Falon A.	RN 328422	Penn	Evan W.	RN 410019
Azbell	Jennifer A.	RN 383923	Hinojosa	Jacob A.	RN 440644	Petronelli	Gidget	RN 347713
Baab	Shawn J.	RN 405318	Holtgreven	Victoria	RN 399128	Prather	Jade R.	RN 527316 PN 148771
Bankers	Sarah	PN 147388	Hopkins	Kelly A.	RN 312965	Rayford	Alisa K.	RN 328191
Betts	Colin R.	RN 435660	Houdek	Gayle E	RN 331483	Riel	Cassandra	PN 173289
Blessing	Lauren N.	RN 529918 DT. 003343	Jackson	Lydia	RN 369498	Ringenbach	Laura A.	RN 318002
Bryan	Shelley L.	RN 242390	Johnson	LaVern	PN NCLEX	Ruiz	Lauren	RN 452800
Cannon	Matthew M.	RN 464011 PN 165709	Joukwe	Elvis D	RN 369522	Schneider	Joshua McCoy	PN 105850
Carroll	Wesleigh	RN 476849	Kinley	Donnise	PN 170680	Shepherd	Brittany M.	PN 191077
Clopton	Javonnda M.	PN 146569	Lang	Sandra	PN 229842 CNP 14433	Smith	Kati L.	RN 421612
Collins	Gloria Megan	PN NCLEX	Luke	Katrina	PN 468983 PN 126140	Sosnowski	Edward	RN 455828
Conti	Jaklyn	RN 428052	Mahoney	Stephanie	RN 363532	Susi	Carey	PN 330169; CNP 13742
Cooper	Samantha R.	RN 402364	McComis	Brittney R	PN 141960	Taylor	Ashley R	RN 363205
Cuthbert	Sue A.	RN 089489	McFann	Ashley	RN 530249	Thorpe	Jodi L.	RN 233583
Daugherty	Kayce D.	RN 327499 CNP 0038172	Mensah	Prince	RN 488294	Walker	Bobbi J.	RN 356537
Dials	Sara J.	RN 351537	Meyer	Thomas Steven	PN 234905 CRNA 04300	Webb	Molly	RN 412732
Downing	Angelica E.	PN 142652	Miller	Jamie L.	PN 328641 CRNA 18164	Whitner	Marquerite	RN 378981
Dray	Cheryl R.	RN 319304	Monaco	Richard A.	RN 346684	Wightman	Lisa	PN 153109
Due	Lauren J.	RN 347549	Moore	Keasandra	RN 386646	Wilds	Danielle N.	PN 132957
Dupal	Roxanna E.	RN 268670	Myers	Joseph E.	RN 390310	Williams	Amy R	RN 378107 CNP 0030217
Evans	Calvin C.	RN 327283 CNP 15131	Okoneski	Kelly J.	RN 356925	Wilson	Alexis M.	RN 377508
Funk	Daniel W.	RN 405593 CNP 023541	Olinger	Kelly A.	PN 168737	Yager Houze	Bethany	RN 542014 CNP 0034487
Gerontakos	Fotini	PN 136034	Owen	Chelsea	RN 482542	York	Ramona L.	PN 184455

# ADVISORY GROUPS AND COMMITTEES

The Ohio Board of Nursing Advisory Groups meet throughout the year to provide recommendations to the Board on a variety of programs and issues. Unless otherwise noted, meetings begin at 10:00 a.m.

Most Advisory Group meetings are now conducted virtually. The meeting agenda and a link to attend will be posted on the Board's website prior to each meeting.

For the most up-to-date information on meeting dates, times, and details, please visit the About Us page on [Nursing.Ohio.gov](http://Nursing.Ohio.gov) or [Nursing.Ohio.gov/EventCalendar](http://Nursing.Ohio.gov/EventCalendar).

**Advisory Group on Continuing Education** – Chair: Shawn Livingston, LPN  
June 18 and October 8, 2026

**Advisory Group on Dialysis** – Chair: Gina Woods, RN  
July 23 and November 10, 2026

**Advisory Group on Nursing Education** – Chair: Virinder Sidhu, RN, APRN-CNP  
January 22 and May 28, 2026

**Advisory Group on Certified Community Health Workers** – Chair: Jenny Heiser, LPN  
November 20, 2025, March 3 and September 17, 2026

**Advisory Committee on Advanced Practice**

**Registered Nursing** – Chair: Tiffany Knepper, RN, APRN-CNP  
May 21 and October 1, 2026

**Advisory Group on Rules** – Chair: Candy Sue Rinehart, DNP, APRN-CNP  
TBD

**Doula Advisory Group** – Chair: Erin Keels, DNP, APRN-CNP, NNP-BC  
December 10, 2025, and January 14, April 4, August 12, and November 4, 2026

## MEMBERS OHIO BOARD OF NURSING

	Term Expires		Term Expires		Term Expires
Jenny Heiser, LPN	2025	Candy Sue Rinehart, DNP, APRN-CNP	2028	Gina Woods, RN	2025
Teresa Remy, RN	2026	Scott Wesbecher, LPN	2026	Shawn Livingston, LPN	2025
Barbara Wadsworth, RN	2027	Tiffany Knepper, RN, APRN-CNP	2025	Brenton Temple, Consumer Member	2027
Erin Keels, DNP, APRN-CNP, President	2026	Virinder Sidhu, RN, APRN-CNP	2025	Joseph Quackenbush, LPN	2027

## BOARD MEETING SCHEDULE 2025/2026

The Ohio Board of Nursing meets six times a year with the meetings scheduled to begin on Wednesdays at 8:30 am and Thursdays at 9:00 am. The Ohio Board of Nursing will hold board meetings at the Ohio Department of Agriculture, 8995 E Main Street, Reynoldsburg, OH, 43068, unless otherwise noted.

In addition to Board meetings, the Board members convene for a Board Retreat to discuss issues and develop a strategic plan. The Board Retreat is generally scheduled at a location outside of the Board office.

All meetings convened by the Board, including the Board Retreat, are open meetings and the public is welcome to attend. To confirm dates, locations, and times, visit [Nursing.Ohio.gov/EventCalendar](http://Nursing.Ohio.gov/EventCalendar).

November 19-20, 2025      May 27-28, 2026  
January 21-22, 2026      July 22-23, 2026  
March 11-12, 2026      September 16-17, 2026  
April 15-16, 2026      November 18-19, 2026



For a complete schedule of meetings, visit  
[Nursing.Ohio.gov/EventCalendar](http://Nursing.Ohio.gov/EventCalendar)

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