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Certified Nurse Midwife Renewal Application

SAMPLE

Online Renewal Instructions for a Certified Nurse Midwife (CNM) 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 LICENSUREAPRN@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 the mailing address. If you update your address, be sure to select the new address as your "mailing address" in the system. 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 or debit card (Visa, MasterCard or Discover).

RN & APRN "SEPARATE RENEWALS" REMINDER

You must SEPARATELY renew your RN license and renew each APRN license you hold. You need to log back into this system each time to renew each APRN license SEPARATELY. Practice as an APRN without a current RN license and APRN license is a violation of the Nurse Practice Act and may result in disciplinary action.

FEE SCHEDULE OF YOUR RENEWAL YEAR

A fee must accompany this application and will be processed electronically.
On or before September 15: $135
September 16 -- October 31: $185 (includes $50 late fee)
After October 31: You must submit a Reinstatement Application

INACTIVE STATUS

If you choose not to renew your APRN license, you may place it on inactive status by submitting an inactivation request to the Board by October 31 of your renewal year, or it will lapse.

NATIONAL CERTIFICATION

APRNs must meet all requirements of the Board including maintaining national certification or recertification by the applicable national certifying organization. Please refer to the website for Board approved national certifying organizations.
http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf
(http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf)

The Board requires primary source verification for APRN national recertification. For this to occur, you must request that your national certifying organization notify the Board directly within thirty days of your recertification. The Board will not accept documentation of recertification from an APRN.

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.

PROCEED TO APPLICATION

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Endorsement Renewal 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.

Title

First Name

* [redacted]

Middle Name

Last Name

* [redacted]

Maiden Name

* Social Security Number

[redacted]

Date of Birth

* [redacted]

* Email Address

[redacted].gov

Phone Number

* [redacted]

Other Phone Number

Citizenship

* [redacted]

SAMPLE

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?

* [redacted]

What is your ethnicity?

* [redacted]

In which country were you born?

[redacted]

*

In which state were you born (if United States)?

New Mexico

In which city were you born?

* Las Cruces

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

United States

USE DIFFERENT ADDRESS

Military Service

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If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

Have you served in the military?

* --None--

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

* --None--

Has your spouse served in the military?

* --None--

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)

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Endorsement Renewal Application

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Questions

Questions

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

I have maintained national certification as a CNM.

Yes No

I understand that I am required to renew my RN and each APRN license I may hold, as separate transactions within this system.

Yes No

I prescribe or personally furnish opioid analgesics or benzodiazepines.

Have you prescribed medications in accordance with ALL of the following: Relevant Ohio law and rules; The standard care arrangement developed with at least one collaborating physician; and the Formulary established by the Committee on Prescriptive Governance (CPG)?

I have registered for OARRS or have the ability to access an OARRS integrated service such as NARxCHECK.

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

Yes No

The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original licensure application was filed. 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 any of the following crimes? This includes crimes that have been expunged if the crime has a direct and substantial relationship to nursing practice. A felony in Ohio, another state, commonwealth, territory, province, or country?

Yes No

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 any of the following crimes? This includes crimes that have been expunged if the crime has a direct and substantial relationship to nursing practice. A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

Yes No

Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, 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

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 (including Ohio), commonwealth, territory, province, or country?

Yes No

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, including those in Ohio, **other than this Board**?

SAMPLE

Yes No

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, including those in Ohio, **other than this Board**, with respect to a professional license, certificate, or registration?

Yes No

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

Have you been addicted to, dependent on, diagnosed with addiction, dependence or substance abuse 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

Have you had any clinical privileges or other similar institutional authority suspended, restricted, or revoked?

Yes No

Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

Yes No

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Attachments

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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.

Collaborative Agreement

Provide a list of your collaborating physician/podiatrists' names & business addresses. Federal VA employees – please upload documentation of current VA employment. If you are not practicing, please upload a letter stating this.

ADD ATTACHMENT

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Review + Submit

Application Review

Completed

Attestation

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Secti 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.

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.

(Star Wars)

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

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

SAVE & FINISH LATER **SUBMIT**

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