

Dialysis Technician Application

Generation Date and Time:

Application Status:

New License Application

License Type - Dialysis Technician (DT)

Submitted Date:

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

No Response

First Name

Middle Name

Last Name

Maiden Name

Social Security Number

Date of Birth

Email Address

Phone Number

Other Phone

Number

No Response

Citizenship

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

Other Language

Individual National Provider Identifier - if not applicable leave blank

Enter ~~home~~ US zip-code. Enter NA if unavailable

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?

Which of the following best describes your five-year employment plan?

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.

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

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 declined to answer these questions

Education History

INSTRUCTIONS: You must enter both high school or GED, and dialysis technician training program information, including the address with city and state. Click the ADD EDUCATION button and type "Other" in the "Education Institution" field. Select the word "Other" that pops up. In the "Other Education Institution" field, enter the name of your high school or GED. In the "Other Education Institution Address" field, enter the city and state of your high school or GED. In the "Degree Type" field, select High School or GED. In the "Degree Received" field, enter Diploma or GED. Enter your enrollment date and graduation date. Click the ADD button. Repeat the steps above to add your dialysis technician training program information. In the "Other Education Institution Address" field, enter full address including city and state. In the "Degree Type" field, select Certificate. In the "Degree Received" field, enter DT-Cert.

License Verification

To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with (*) are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

Previous License

Please enter your Dialysis Technican Intern (DTI) license number if you currently hold a valid DTI license.

DTI License Number

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.

Name of Practice Site -

Practice Settings -

Street Address -

City -

State -

Zip Code -

Major Area of Focus or Specialty -

Total Hours Worked at this practice site, per Week -

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

Hospital Admitting Privileges for Patients -

Current Employment Arrangement -

Other Employment Arrangement -

Intern/Resident Position -

Employed as Federal Employee -

Accepting New Patients -

Questions

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

Question - Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to your practice as a Dialysis Technician? A felony in Ohio, another state, commonwealth, territory, province, or

country?

Answer -

Question - Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to your practice as a Dialysis Technician? 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.

Answer -

Question - 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?

Answer -

Question - 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 ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Answer -

Question - Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

Answer -

Question - Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio, other than this Board?

Answer -

Question - Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

Answer -

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

Answer -

Question - Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Answer -

Question - Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Answer -

Question - Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

Answer -

Question - Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

Answer -

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.

Title - Board Approved Examination Test Results

Description - I acknowledge that my certification examination results must be sent directly to the Board by the testing organization or the training program.

Attested -

Title - Form C - Verification of Passing BONENT or NNCO Certification Examination

Description - I acknowledge that the dialysis technician testing organization must send Form C directly to the Board.

Attested -

Title - Form D - Application for Dialysis Technician Performance Verification

Description - I acknowledge that my dialysis technician employer must send Form D directly to the Board.
Attested

Title - BCI/FBI Background Check

Description - I acknowledge that I will complete BCI and FBI background checks.

Attested

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review -

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. 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, and/or as otherwise required by state and federal law.

I am the person in this application for Certification and the statements made herein are true and accurate.

No person who does not hold a current, valid dialysis technician intern certificate shall claim to the public to be a dialysis technician intern, or use the title "dialysis technician intern," the initials "DTI," or any other title or initials to represent that the person is authorized to perform dialysis care as a dialysis technician intern.

I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my certificate status, my personal information be accessed in accordance with OAC 4723-1-11 (D)(2)(d)(ii).

I have read and understand this Attestation and consent for fingerprinting.

Consent to Electronic Signature -

Date/Time Stamp -

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.

