



**Application to Perform Limited Intravenous Therapy
in Ohio as an LPN and Certification of CE Course Completion**

Please Print Clearly

SECTION 1: Identifying Information (To be completed by the applicant)			
Name:		LPN License Number:	
Address:			
City:		State:	Zip:
Phone:		E-Mail:	
Applicant Signature:			Date:
SECTION 2: Verification of Course Completion (To be completed by the provider)			
Course Provider Name:			
Contact Person:			
Phone:		E-Mail:	
OBN Approver Name:			
OBN Approver Number:			
Applicant has an Ohio license with a "Meds" Designation <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant completed an Ohio Approved Course in IV Therapy for LPNs and a copy of their CE Certificate is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Start Date: _____ End Date: _____			
Upon receipt of the course CE certificate and this completed application, the Board will authorize the nurse to perform limited IV Therapy in Ohio and will update their LPN credential. Send the completed application and CE certificate by email, fax, or mail as indicated in the instructions.			

Instructions for Completing the Application to Perform Limited Intravenous Therapy Procedures by LPN in Ohio

The application must be sent to the Ohio Board of Nursing by the provider of the course upon completion of an LPN IV Therapy course.

One application must be completed for each applicant.

An LPN IV Therapy Application does not need to be submitted to the Board for RNs who take the course for CE credit.

Listed below are the instructions for completing the application.

Section 1. The provider of the LPN IV Therapy course is to have each applicant complete Section 1 of the Application.

Section 2. At the end of the LPN IV Therapy course, the provider documents the following as indicated:

- Their course provider name;
- The name and phone number of the nurse who may be contacted by the Board for any questions about the LPN IV Therapy course;
- The name of the provider's Ohio Board of Nursing (OBN) Approver; and
- The OBN Approver's Number

The LPN IV Therapy course provider must document:

- Whether the applicant holds an active Ohio LPN license with a "meds" designation;
- That the applicant completed the LPN IV Therapy course;
- The date the course started; and
- The date the classroom portion of the course ended

The LPN IV Therapy course provider **must submit** the completed application **AND** CE certificate by email, fax, or mail to:

Email: awhite@nursing.ohio.gov

Fax: (614) 466-0388

Mail: Ohio Board of Nursing
Attn: IV Therapy
17 South High Street, Suite 660
Columbus, OH 43215-3466

The application will not be accepted if it is incomplete or if the course CE certificate is not attached.