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License Selection

Select the Board for which you are seeking a license. Next, select the license type, individual license, and application type.

Select a Board

Nursing Board

Select a License

Licensed Practical Nurse (LPN)

Select an Application Type

Reciprocity

Eligibility

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

Have you ever been licensed as a Practical Nurse in Ohio?

Yes No

Have you ever been licensed as a Practical Nurse in any other country or state other than Ohio?

Yes No

Application Instructions

Provide the information necessary for the license application. Once finished, click which type of Save option desired.

LICENSURE BY RECIPROCITY APPLICATION INSTRUCTIONS

NOTE: It is the applicant's responsibility to have all required documentation sent to the Ohio Board of Nursing (Board). Questions regarding your application can be directed to the Licensure Unit at licensure@nursing.ohio.gov

1. Non-Refundable Application Fee

A **\$75 non-refundable fee** must accompany this application and will be processed electronically.

2. Required Documentation for Education

If you held/hold a license from a NURSYS state, the Education information is typically available on NURSYS.

LPN Non-Ohio Graduates

All licensed practical nurses who are graduates of non-Ohio nursing education Programs must provide evidence of successful completion of a course in **pharmacology (please provide a copy of your transcript if you graduated before 1999) in order** to be authorized to administer medications or evidence of successful completion of an IV therapy course in order to be authorized to perform limited IV therapy.

For IV therapy, you must upload a copy of your transcript, syllabus and/or course curriculum demonstrating successful completion of a course in the administration of IV therapy. If it is determined that your coursework meets Ohio criteria for IV therapy, you will be required to take a one hour module related to Ohio law and rules.

3. License Verification

Verification of licensure by examination and verification of a current, valid and unrestricted license as a registered nurse or practical nurse must be sent directly from the jurisdiction or electronically by NURSYS. **Note:** If you hold a license in a NURSYS state, you must request verification on-line at www.nursys.com. If you do not know if your state is part of the NURSYS system, you can view this information on the NURSYS website. When prompted to provide license verification, provide information for licenses out of state.

4. Continuing Education

Upload certificate(s) showing completion of two contact hours of continuing education directly related to Chapter 4723. ORC and the rules of the Board. The continuing education must be approved by the Board, an OBN approver, or offered by an OBN approved provider unit headquartered in the State of Ohio. For a list of online courses, go to www.nursing.ohio.gov, click on the link for Continuing Education, and locate On-Line Resources for Ohio Law and Rules.

5A. Foreign Educated Applicants

Please have an official transcript (English translation) submitted directly from your nursing education program, or a Credentialing Evaluation Service (CES) Professional Report from The Commission on Graduates of Foreign Nursing Schools (CGFNS). You may contact CGFNS at (215) 222-8454 to request the report. The report must be sent **directly** from CGFNS to the Board. Education documents must be sufficient for the Board to determine whether the program has educational content and requirements that are substantially similar to Ohio requirements.

5B. English Proficiency for Foreign Educated Applicants

Provide evidence satisfactory to the Board of possessing a working knowledge of the English language. Refer to the application for a list of acceptable English Proficiency tests and passing scores. This requirement does not apply to a foreign educated nurse graduate who graduated from a college, university, or professional education program located in Australia, Ireland, New Zealand, the United Kingdom, South Africa, Trinidad and Tobago, Jamaica, Barbados, or Canada (except Quebec unless the individual graduated from McGill University, Dawson College in Montreal, Vanier College in St. Laurent, John Abbot College in Sainte-Anne-de-Bellevue or Heritage College in Gatineau).

Select one and upload:

- Achieve a passing score of 6.5 overall on the International English Language Test System (IELTS) (Academic Module)
- Achieve a passing score of 725 or higher on the Test of English for International Communication (TOEIC)
- CGFNS Certificate
- VisaScreen Certificate
- Test of English as a Foreign Language (TOEFL or TOEFL iBT) administered by the Education Testing Service (ETS). Please choose one of the following:
 - Passing Score: 540 (paper/pencil version)
 - Passing Score: 207 (computerized version)
 - Passing Score: 84 (internet-based version)
- Pearson Test of English Academic with an overall passing score of 55, and with no individual section of the test at a scoring level below 50

6. Criminal Records Check

Refer to the website for more information http://www.nursing.ohio.gov/pdfs/crc_process.pdf (http://www.nursing.ohio.gov/pdfs/crc_process.pdf).

Processing Information

It is **your responsibility** to ensure that all required documents such as program completion letters, transcripts, and criminal record check reports are received by the Board **directly** from the appropriate agency.

To determine the status of your application, please go to the Board website at www.nursing.ohio.gov, click on "verification" and enter your name.

If an Application for Licensure by Reciprocity submitted to the Board remains incomplete for one year, the application shall be considered void and the fee submitted with the application shall be forfeited.

CANCEL

SAVE AND CONTINUE



New License Application

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.

Title

First Name

*

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

Email Address

*

Phone Number

*

Other Phone Number

Citizenship

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?

*

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.

Mailing
Address



[+ ADD ADDRESS](#)

[SAVE AS MAILING](#)

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?

Has your spouse served in the military?

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date

[SAVE & FINISH LATER](#)

[SAVE AND CONTINUE](#)



New License Application

Background

Education History

To add an educational institution to your profile, click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

Education Institution

*

Educational Program

Degree Type

* Degree Received

Enrollment Date

*

Graduation Date

*

CANCEL

ADD

Employment History

Are you currently employed in Ohio as an LPN? If so, please identify employer and dates of employment. 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.

* Employer or Non-Working Activity

* Job Title

Current

Start Date

*

End Date

*

Average Hours/Week

* Street Address

* City

State

--None--

* Zip/Postal Code

County

Country

* United States

Email

Work Phone

% Clinical or Environmental

% Other

% Admin

CANCEL

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.

*

License Type

*

*

*

Expiration Date

Country

*

State

CANCEL

SAVE & FINISH LATER



New License Application

Questions

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers.

Are you requesting accommodations? More information around accommodations can be found here: <http://www.nursing.ohio.gov/pdfs/Accommodations.pdf> (<http://www.nursing.ohio.gov/pdfs/Accommodations.pdf>).

Yes No

Have you successfully completed a course in IV Therapy?

Yes No

Were you educated outside of the United States?

Yes No

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 nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

Yes No

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 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

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

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?

Yes No

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?

Yes No

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?

Yes No

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?

Yes No

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

Yes No

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?

Yes No

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?

Yes No

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.

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

SAVE ANSWERS



New License Application

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). 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.

Education Verification

I acknowledge that my program completion letter or non-Ohio education transcript must be sent directly to the Board by the education institution.

ATTEST

BCI/FBI Background Check

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

ATTEST

SAVE & FINISH LATER

SAVE AND CONTINUE



New License Application

[Review + Submit](#)

Application Review

Completed

Attestation

I am the person in this application for Licensure and the statements made herein are true

I understand that if I have not completed a medication administration course with both theoretical and clinical components, I will not be authorized to administer medications, and my license will include a medication restriction. I further understand that I must obtain Board authorization in order to perform any IV therapy procedure

The law regulating the practice of nursing states that the Ohio Board of Nursing may revoke, permanently revoke a license, and deny or permanently deny a licensure application to a person found by the Board to have committed fraud in passing the examination or to have committed fraud, misrepresentation, or deception in applying or securing any license issued by the Board.

No person may engage in the practice of nursing as a Licensed Practical Nurse in Ohio for a fee, salary, or other consideration, or as a volunteer, unless holding a current valid Ohio license as a Licensed Practical Nurse. In order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information will be accessed in accordance with OAC 4723-1- 11(D)(2)(d)(ii). I have read and understand this Attestation and conse for fingerprinting.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Testa Tester)

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application.

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=015T00000000DHR)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (HTTP://OHIO.GOV/POLICIES/)

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