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

Select an Application Type

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 state other than Ohio?

Yes No

SAMPLE ONLY
(Not for Submission)

Application Instructions

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

LICENSURE BY EXAMINATION 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. Board Application

The Board must receive a completed Licensure by Examination Application to determine eligibility to take the NCLEX®. **The Board does not create or issue ATT numbers.** Pearson VUE will send the ATT document to the applicant after the applicant is made eligible to test by the Board. The applicant must have an ATT number in order to schedule an appointment with Pearson VUE to take the NCLEX®.

2. NCLEX® Registration with Pearson VUE (examination service)

Candidates can visit www.pearsonvue.com/nclex to register for the NCLEX®; print a registration confirmation; download the NCLEX® Candidate Bulletin to obtain detailed instructions, fee information, and Education Program Codes; and pay the NCLEX® fee. A candidate may also register for the NCLEX® by contacting Pearson VUE at (866) 496-2539.

3. Non-Refundable Application Fee

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

4. Required Documentation for Education

Please follow the instructions for the category below that best describes your education:

Graduates of Approved Ohio Nursing Education Programs

The director of the program must electronically submit **directly** to the Board, a program completion letter certifying the applicant completed a nursing education program. The name on your completion letter must match the name on the application.

Graduates of Non-Ohio Nursing Education Programs

The nursing education program must send a signed and sealed transcript **directly** to the Board via postal service. Electronic transcripts or transcripts sent by the applicant will not be accepted. The diploma, certificate or degree, and the date of completion must be indicated on the transcript. If your nursing program is closed, it is your responsibility to locate the custodian of your records. If your transcript does not clearly indicate the degree awarded and date of completion, the custodian of the transcript is required to attach a cover letter on official letterhead listing the information.

5. Foreign Educated Applicants

Contact The Commission on Graduates of Foreign Nursing Schools (CGFNS) at (215) 222-8454 and request the Credentials Evaluation Service (CES) Professional Report. The report must be sent **directly** from CGFNS to the Board.

English Proficiency for Foreign Educated Applicants

Proof of English proficiency is required and may be met by satisfactorily completing the "Test of English as a Foreign Language" (TOEFL iBT). **All applicants must achieve a minimum passing score of 84 or higher.** Test scores must be sent **directly** to the Board from the testing agency. Contact Educational Testing Services (ETS) at (609) 771-7100. 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).

6. Accommodations

For candidates with disabilities defined by the "American Disabilities Act" (ADA), accommodations are

SAMPLE ONLY
(Not for Submission)

authorized only by the Board and the National Council of State Boards of Nursing. The Board recommends that the applicant notify the Board, in writing, two months prior to program completion. The applicant is required to submit documentation such as:
a) Letter from the applicant specifying requested accommodations;
b) Letter from the Director/Designee of the nursing education program specifying accommodations granted by the nursing program; and
c) Documentation from a qualified professional practitioner regarding the diagnosis and specific need for accomidations for the NCLEX.
Refer to the website for more information (http://www.nursing.ohio.gov/pdfs/accommodations.pdf (http://www.nursing.ohio.gov/pdfs/accommodations.pdf)).

7. Criminal Records Check
A BCI (civilian) and FBI (federal) criminal records check is required for all applicants who entered a pre-licensure nursing education program on or after June 1, 2003. Refer to the website for more information (http://www.nursing.ohio.gov/pdfs/CRC_process.pdf (http://www.nursing.ohio.gov/pdfs/accomidations.pdf)).

8. Re-Registration
If you fail the examination, your status will indicate “Closed”. You may apply online again at that time. You are required to re-register with the Ohio Board of Nursing. When re-applying through the portal, sign into your portal account and on the Dashboard click "Apply for a new license". See Instruction #2 above for NCLEX re-registration information. Once you have submitted your re-registration application and all requirements have been met, you will be made eligible to test. You will receive an ATT document from Pearson VUE and can immediately schedule to take your examination; however the earliest test date allowed will be 45 days after the date you failed the examination.

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 Examination 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.**

SAMPLE ONLY
(Not for Submission)

CANCEL **SAVE AND CONTINUE**

New License Application

SAMPLE ONLY
(Not for Submission)

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

* United States

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?

*

SAMPLE ONLY
(Not for Submission)

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

--None--

Service Branch

--None--

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

--None--

Were you honorably discharged from your service?

--None--

Service Start Date

Service End Date

SAMPLE ONLY
(Not for Submission)

SAVE & FINISH LATER

SAVE AND CONTINUE

CONTACT (OH_CONTACTUS)

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

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

SAMPLE ONLY
(Not for Submission)

New License Application

SAMPLE ONLY
(Not for Submission)

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

SAMPLE ONLY
(Not for Submission)

Supervisor Name

Supervisor Phone Number

CANCEL ADD

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 Number

License Type
* --None--

* Board Name

* Status

Expiration Date

Country
* --None--

State

CANCEL SAVE

SAMPLE ONLY
(Not for Submission)

SAVE & FINISH LATER SAVE AND CONTINUE

SAMPLE ONLY
(Not for Submission)

New License Application

Questions

SAMPLE ONLY
(Not for Submission)

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 succesfully 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

SAMPLE ONLY
(Not for Submission)

SAVE & FINISH LATER | SAVE AND CONTINUE

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)

SAMPLE ONLY
(Not for Submission)

New License Application

SAMPLE ONLY
(Not for Submission)

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

SAMPLE ONLY
(Not for Submission)

New License Application

SAMPLE ONLY
(Not for Submission)

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**

SAMPLE ONLY
(Not for Submission)