



Application Instructions

Online Reinstatement/Reactivation Instructions for an Ohio Certified Community Health Worker (CHW) Standard Board Level Instructions

BEFORE CONTINUING - PLEASE VERIFY THAT YOUR NAME IS DISPLAYED IN THE UPPER RIGHTHAND CORNER OF THIS PAGE. IF YOU SEE A NAME OTHER THAN YOUR OWN, PLEASE CONTACT THE BOARD AT CHW@NURSING.OHIO.GOV FOR ASSISTANCE.

Welcome to the Ohio Board of Nursing!

Please have the following information available:

1. Complete address information. You will be asked to verify or update the mailing address. 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 card (Visa, MasterCard or Discover).

CONTINUING EDUCATION (CE)

You must submit proof of 15 contact hours of CE which has been completed during the twenty-four month period immediately before the application date which includes:

- One **(1)** contact hour must be Category A (directly related to Ohio law & rules). Category A must be approved by the Board, an OBN approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.
- One **(1)** contact hour must be directly related to establishing and maintaining professional boundaries.
- The remaining thirteen **(13)** contact hours must be an approved or accredited planned learning activity that builds upon a precertification education program and enables a certificate holder to acquire or improve knowledge or skills that promote professional or technical development to enhance the certificate holder's contribution to quality health care and pursuit of professional career goals.

FEE

A fee must accompany this application and will be processed electronically.

APPLICATION PROCESSING

Your certificate is not considered reinstated until your online application and fee are received and processed by the Board.

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

PROCEED TO APPLICATION

SUPPORT (OH_SUPPORTPAGE)

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License Reinstatement & Reactivation 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.

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

* Summer

Middle Name
Last Name

* Holidays

Maiden Name

* Social Security Number

[Redacted]

Date of Birth

* [Redacted]

* Email Address

testingdeloitte@gmail.com

Phone Number

* [Redacted]

Other Phone Number

Citizenship

* United States Citizen

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

* Available Chosen

English	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Armenian	<input type="checkbox"/>

Individual National Provider Identifier - if not applicable leave blank

Enter home US zip-code. Enter NA if unavailable

* [Redacted]

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?

* Female

What is your ethnicity?

* American Indian or Alaska Native

In which country were you born?

* United States

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

Ohio

In which city were you born?

New Albany

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?

* --None--

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

* --None--

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

30 E Broad St
Columbus OH 43215-3414
Franklin
United States

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 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>)

SAVE & FINISH LATER

SAVE AND CONTINUE

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Background

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.

ADD EMPLOYMENT LOCATION

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License Reinstatement & Reactivation Application

Questions

Questions

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

I am a U.S. Citizen or lawfully admitted into the U.S.

Yes No

Have you worked in Ohio as a certificate Holder since your certificate was inactive or lapsed?

Yes No

Since your last application or renewal have you changed or obtained a new Social Security Number?

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 practice as a community health worker. 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 practice as a community health worker. 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**?

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

SAVE & FINISH LATER

SAVE AND CONTINUE

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License Reinstatement & Reactivation 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). 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.

Continuing Education Documentation

Proof of completion of required Continuing Education.

ADD ATTACHMENT

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License Reinstatement & Reactivation Application

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. 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 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 Section 4723.28 (A) and/or (B), ORC.

Consent to Electronic Signature

I accept

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

(Summer Holidays)

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.

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SUBMIT

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