

RN Renewal Application 2019

Online Renewal Instructions for a Registered Nurse (RN) Standard Board Level Instructions

BEFORE CONTINUING - PLEASE VERIFY YOUR IDENTITY AS DISPLAYED IN THE UPPER RIGHT HAND CORNER OF THIS PAGE. IF THIS IS NOT YOU, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV FOR ASSISTANCE. IF YOU NEED TO SUBMIT A NAME CHANGE REQUEST, RETURN TO THE PRIOR DASHBOARD PAGE, CLICK THE OPTIONS BUTTON, AND SELECT THE "NAME CHANGE" OPTION.

Welcome to the Ohio Board of Nursing Online Renewal Site!

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)

If this is your first renewal after passing the NCLEX, you do not need to meet the CE requirements. If this is not your first renewal, you are required to complete twenty-four (24) contact hours of CE related to nursing practice during each licensure period. A nurse who has been licensed by reciprocity for one (1) year or less must complete twelve (12) contact hours. Contact hours must be obtained between November 1, 2017 and October 31, 2019. CE must include one (1) contact hour Category A (directly related to Ohio law & rules). Category A must be approved by an OBN Approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.

Do NOT send CE documentation to the Board at this time. You are required to maintain CE documentation for at least (6) years.

FEE SCHEDULE OF YOUR RENEWAL YEAR

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

On or before September 15: \$65
September 16 – October 31: \$115 (includes \$50 late fee)
After October 31: You must submit a Reinstatement Application

INACTIVE STATUS

If you choose not to renew your license, you may place it inactive status by submitting an inactivation request to the Board by October 31 of your renewal year, or it will lapse.

APPLICATION PROCESSING

Your license is not considered renewed until your online application and fee are received and processed by the Board. Your license will lapse after October 31 of your renewal year.

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), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 45 C.F.R. pt. 60), reporting to law enforcement authorities for investigation/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

PROCEED TO APPLICATION

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License Renewal Application

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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

*

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

* Email Address

Phone Number

*

Other Phone Number

Citizenship

*

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

Available	Chosen
English	
Afrikaans	
Arabic	
Armenian	

Individual National Provider Identifier - if not applicable leave blank

Enter home US zip-code. Enter NA if unavailable

*

SAMPLE ONLY

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?

*

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.

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Military Service

If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

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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License Renewal Application

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Questions

Questions

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

Select one of the following regarding completing the twenty-four (24) hour continuing education requirement by October 31 of this year:

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

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 nursing practice. 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 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

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

What type of nursing credential qualified you for your first U.S. nursing license?

What is your highest level of education?

In what country did you receive your entry-level nursing education?

In what U.S. state or territory was your initial nursing education program located?

What year were you initially licensed as a nurse in the U.S.?

In what country were you initially licensed as a RN?

What is your current job status?

Do you have a secondary nursing practice?

Do you have a BSN?

Do you serve on a board that influences health care policy. For example, board of trustees; non-profit health related board; local, state, or federal health related board or policymaking body; etc.?

Yes No

Are you associated with the U.S. Armed Forces?

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SAVE AND CONTINUE

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License Renewal 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.

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Review + Submit

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Application Review

Attestation

License Renewal Application

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, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or 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 4723.28, ORC.

Consent to Electronic Signature

I accept

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.

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SUBMIT

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