



State of Ohio Board of Nursing

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17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Application to the Ohio Board of Nursing for Appointment to an Advisory Group

Deadline for Receipt of Submission: Wednesday, October 31, 2018 at 5:00 p.m.

RETURN THIS APPLICATION TO THE BOARD

Fax (614) 995-3683 or Email to board@nursing.ohio.gov

NOTE: Submit a copy of your current resume or curriculum vitae with this application

Please indicate the Advisory Group in which you are interested:

Continuing Education

Dialysis

Nursing Education

Applicant Information

Name: _____
Last First MI

Address: _____ County: _____

City/State/Zip: _____

E-mail: _____

Cell Phone: () _____

OCDT

LPN

RN

Consumer

APRN-CNP

APRN-CNS

APRN-CNM

APRN-CRNA

OH License or Certificate Number(s): _____

Current Employment Information

Position Title: _____

Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Employer Phone: () _____

Employer Email: _____

Identify and describe any other information or situation that others might perceive as a conflict of interest with your proposed appointment, or which might cause embarrassment to the state should you be appointed to this state committee or advisory group: _____

If you are **NOT a nurse**, please complete the following:

Are you now under any charge or charges for any crime? If yes, please identify:

Have you ever, as an adult, been charged with any crime or arrested for any crime (regardless of whether you were convicted or acquitted) excluding minor traffic offenses? If yes, please identify:

Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license?

Have you ever been disciplined for, or has any action ever been taken against you by any public or licensing authority or professional organization for any breach of ethics or unprofessional conduct or failure to make required disclosures? If yes, please identify:

Identify and describe any other information or situation that others might perceive as a conflict of interest with your proposed state appointment, or which might cause embarrassment to the state should you be appointed to a state board or commission:

Statement of Interest

Please provide a brief statement about your experience, expertise, and interest in serving on the Committee.

Attestation

I attest that the information provided is true and accurate to the best of my knowledge. If appointed, I understand that I will serve at the discretion of the Board of Nursing and will receive reimbursement only for expenses in accordance with state laws and policies.

Signature:

Date: