

FORM F



Ohio Board of Nursing

www.nursing.ohio.gov

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

CURRENT EMPLOYER LIST

Applicant/Participant Name: _____

List **ALL** current employers, both nursing and non-nursing:

Employer: _____

Address: _____

Telephone: _____

Position: _____

Status: _____

Supervisor: _____

Employer: _____

Address: _____

Telephone: _____

Position: _____

Status: _____

Supervisor: _____

I am not currently employed _____ (initial if applicable)

Applicant/Participant Signature

Date

Effective April 2015