

FORM G



Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

TREATING HEALTHCARE PRACTITIONER LIST

Applicant/Participant Name: _____

List **ALL** current treating healthcare practitioners. Include all physicians, dentists, podiatrists, counselors/therapists, and any other healthcare professionals who provide on-going and/or routinely scheduled healthcare.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1) _____ Specialty _____	_____ _____	_____ _____
2) _____ Specialty _____	_____ _____	_____ _____
3) _____ Specialty _____	_____ _____	_____ _____
4) _____ Specialty _____	_____ _____	_____ _____
5) _____ Specialty _____	_____ _____	_____ _____
6) _____ Specialty _____	_____ _____	_____ _____

Applicant/Participant Signature

Date