

Application Instructions

Online Reinstatement/Reactivation Instructions for a Certificate of Authority Holder 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 APRN@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).

NATIONAL CERTIFICATION

Your certificate of authority (COA) is current and valid only if you meet all requirements of the Board including maintaining certification or recertification by the applicable national certifying organization. Please refer to the website for a list of Board approved national certifying organizations.

(<http://www.nursing.ohio.gov/practice.htm#AdvancedPractice>) <http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN>
(http://www.nursing.ohio.gov/PDFS/AdvPractice/APRN_Bd_Approv_Nat_Cert_Orgs.pdf)

The Board requires primary source verification for APRN national recertification. For this to occur, you must request that your national certifying organization notify the Board directly within thirty days of your recertification. The Board will not accept documentation of recertification from a COA holder.

FEE

A fee (if applicable) must accompany this application and will be processed electronically.

APPLICATION PROCESSING

Your certificate is not considered reinstated/reactivated until your online application and fee (if applicable) are received and processed by the Board. You cannot practice nursing as an APRN without a current, valid RN license and COA.

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, 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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Endorsement Reinstatement 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.

Title

First Name

*

Middle Name

Last Name

*

Maiden Name

* Social Security Number

Date of Birth

*

Email Address

*

Phone Number

*

Other Phone Number

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(Not for Submission)

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?

*

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

My Address

USE DIFFERENT ADDRESS

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?

Has your spouse served in the military?

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date

SAVE & FINISH LATER

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Endorsement Reinstatement Application

Background

Employment History

*If you are applying for an RN: Are you currently employed in Ohio as an RN? If so, please identify employer and dates of employment. *If you are applying for a CRNA, CNS, CNM or CNP: If you are already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physician and podiatrists. A CRNA is not required to have a collaborating physician. *If you are applying for CTP, this section is not required. To add an entry to your employment history, click the Add Work History button. Complete the information field and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.

* Employer or Non-Working Activity

* Job Title

Current

Start Date

*

End Date

*

Average Hours/Week

* Street Address

* City
State

--None--

* Zip/Postal Code

County

Country

* United States

Email

Work Phone

% Clinical or Environmental

% Other

% Admin

Supervisor Name

Supervisor Phone Number

CANCEL

ADD

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SAVE AND CONTINUE

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Endorsement Reinstatement Application

Questions

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers.

Have you practiced in Ohio since your license/certificate was inactive or lapsed?

Yes No

I have maintained national certification as a C.M.

Yes No

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 question 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 or 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 any formal charges, allegations, or complaints 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 ANSWERS

SAVE & FINISH LATER

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Endorsement Reinstatement Application

Attachments

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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 be less than 80 characters in length in order to be received successfully. The character limit does not include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attach button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Continuing Education Documentation

Please upload the Completion Certificate (proof of completion for the required CE).

ADD ATTACHMENT

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Endorsement Reinstatement Application

Review + Submit

Application Review

Completed

Attestation

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) RC.

Consent to Electronic Signature

I accept

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

(Testa Tester)

Submit your Application

After clicking the Submit button below, you will no longer be able to change this application.

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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