Application Instructions

SAMPLE ONLY
(Not for Submission)

Online Reinstatement/Reactivation Instructions for a Certificate to Prescribe (CTP)
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).

DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBER
Notify us (by email) of your DEA number when it is issued and when any additions or deletions occur. If you are authorized to use a hospital's DEA number(s), be sure to include the entire DEA number, including your uniquely assigned 3 or 4 digit suffix. (example: BH1234567-0123)

OHIO AUTOMATED RX REPORTING SYSTEM (OARRS) REGISTRATION
HB 341 imposes new legal requirements for CTP holders. CTP holders who hold appropriate DEA certification and prescribe opioid analgesics or benzodiazepines were required to be registered with OARRS not later than January 1, 2015. To register for OARRS, go to http://www.ohiopmp.gov (http://www.ohiopmp.gov/).

CONTINUING EDUCATION (CE)
Each person authorized to prescribe is required to complete twelve (12) contact hours of CE in advanced pharmacology, which includes instruction specific to controlled substances. If the certificate was held less than a full renewal period, only (6) contact hours of CE are required. You must submit documentation of CE in order to reinstate/reactivate your CTP.

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*** prescribe in Ohio without a current, valid CTP. For your CTP, you are required to maintain a current, valid license to practice as an RN and a current, valid certificate of authority (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

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Personal Information

Prov de the necessary persona nformat on n the fie ds to the r ght. A fie ds w th (*) are requ red and must be comp eted to cont nue the app cat on process.

Title

First Name
*

Middle Name

Last Name
*

Maiden Name

* Social Security Number

Date of Birth
*

Email Address
*

Phone Number
*

Other Phone Number

Additional Information

Prov de the necessary add t ona nformat on n the fie ds to the r ght. A fie ds w th (*) are requ red and must be comp eted to cont nue the app cat on 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

Se ect a cense ma ng address by c ck ng the appropr ate checkbox to the r ght (th s s the address used for a posta commun cat ons from the Board for th s cense). To add a new address, c ck Add Address, comp ete the requ red fie ds, and c ck Save.

ADDRESS SAVED SUCCESSFULLY

My Address

USE DIFFERENT ADDRESS

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Military Service

If you have served n the m tary, prov de the nformat on for the type of serv ce and durat on of serv ce. You may be requ red to subm t documentat on of m tary status f requ red by the Board.

Have you served in the military?

*

Has your spouse served in the military?

*

Country of Service

--None--

Service Branch

--None--

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

--None--

Were you honorably discharged from your service?

--None--

Service Start Date

Service End Date

SAVE & FINISH LATER

SAVE AND CONTINUE

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Background

Employment History

*If you are app y ng for an RN: Are you current y emp oyed n Oh o as an RN? If so, p ease dent fy emp oyer and dates of emp oyment. *If you are app y ng for a CRNA, CNS, CNM or CNP: If you are a ready engaged n the pract ce of nurs ng as a cert fied reg stered nurse anesthet st, c n ca nurse spec a st, cert fied nurse-m dw fe, or cert fied nurse pract t oner, prov de the per od dur ng wh ch and the p ace where you are engaged, and the names and bus ness addresses of your current co aborat ng phys c ans and pod atr sts.A CRNA s not requ red to have a co aborat ng phys c an. *If you are app y ng for a CTP: Th s sect on s not requ red. To add an entry to your emp oyment h story, c ck the Add Work story button. Comp ete the nformat on fie ds and c ck Save. Repeat th s process for a emp oyment entr es. A fie ds marked w th (*) are requ red.

* 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

SAVE & FINISH LATER SAVE AND CONTINUE

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PRIVACY NOTICE (HTTP://OHIO.GOV/POLICIES/)

WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)

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Endorsement Reinstatement Application

Questions

Questions

Answer the fo ow ng quest ons by se ect ng the Yes/No opt on for each quest on. Once comp eted, c ck Save Answers.

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

Yes No

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

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.

Yes No

Have you prescribed medications in accordance with ALL of the following: Relevant Ohio law and rules; The standard care arrangement developed with at least one collaborating physician; and the Formulary established by the Committee on Prescriptive Governance (CPG)?

Since your last application or renewal have you changed or obtained a new Social Security Number?

Yes No

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OARRS Registration for CTP Holders (HB 341): Effective April 1, 2015 Ohio law sets forth certain situations where if you prescribe or personally furnish opioid analgesics or benzodiazepines, you are required to have access to OARRS either through registration or the ability to access an OARRS integrated service such as NARxCHECK. If you do not have access and prescribe opioid analgesics or benzodiazepines, it is a violation of Ohio law and may result in disciplinary action. The Board is required by law to check licensees who renew their CTP to determine if they are in compliance with OARRS requirements. To register for OARRS, go to www.ohiopmp.gov. OARRS Registration for CTP Holders (Board Rule 4723-9-12, OAC): This Rule sets forth certain situations that require APRN prescribers to review OARRS prior to prescribing or personally furnishing a reported drug to a patient. You must have access to OARRS either through registration or the ability to access an OARRS integrated service such as NARxCHECK in order to meet these requirements. Not complying with Rule 4723-9-12, OAC, is a violation of the Nurse Practice Act and may result in disciplinary action. To register for OARRS, go to www.ohiopmp.gov. **I prescribe or personally furnish opioid analgesics or benzodiazepines, in Ohio.**

○ Yes ○ No

I have registered for OARRS or have the ability to access an OARRS integrated service such as NARxCHECK.

○ 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?

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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 SAVE AND CONTINUE

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Endorsement Reinstatement Application

Attachments

Attachments

If app cab e, up oad the Attachments for your cense app cat on by c ck ng the Add Attachment button(s). If up oad ng an attachment as a subm ss on, t s necessary that the name of the fi e attachment s ess than 80 characters n ength for t to be rece ved successfu y. The character m t does nc ude the fi e attachment extens on, such as (.doc) and (.pdf). For documentat on that needs to be subm tted d rect y to the Board or by hardcopy, p ease acknow edge by c ck ng the Attest button(s). If no attachment or attestat on tems appear, p ease c ck the Save and Cont nue button.

Continuing Education Documentation

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

ADD ATTACHMENT

SAVE & FINISH LATER **SAVE AND CONTINUE**

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Review + Submit

Application Review

Comp eted

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), ORC.

Consent to E ectron c S gnature

- [ ] I accept

Type your F rst Name and Last Name as they appear on the app cat on to s gn e ectron ca y.

(Testa Tester)

Submit your Application

After c ck ng the Subm t' button be ow, you w no onger be ab e to change th s app cat on.

If th s app cat on requ res payment you w be prompted to beg n the payment process. You must comp ete the payment process before the board w rev ew your app cat on. If th s app cat on does not requ re payment, you w be nav gated back to the eL cense home page and the board w rev ew your app cat on.

SAVE & FINISH LATER | SUBMIT

SUPPORT (OH_SUPPORTPAGE)

REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T00000000DHR)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (HTTP://OHIO.GOV/POLICIES/)

WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)

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