

License Renewal Application

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

Citizenship

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.

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.

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

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

Questions

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

Question - I met (or will meet by October 31) the CE requirement to renew my LPN license. For CE requirements, please refer to the [Board's website](#).

Answer - Yes/No

Comment - null

Question - Are you taking your one-time waiver? Remember, the waiver is for one time only. By asking for the waiver, you are stating that you did not or will not complete the required contact hours needed for this license renewal period.

Answer - Yes/No

Comment - null

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

Answer - Yes/No

Comment - null

Question - I am a foreign national not living in the United States.

Answer - Yes/No

Comment - null

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

Answer - Yes/No

Comment - null

Question - **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 and her state, commonwealth, territory, province, or country?

Answer - Yes/No

Comment - null

Question - Was the felony any of the following: aggravated murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary?

Answer - Yes/No

Comment - null

Question - Was the felony a drug offense?

Answer - Yes/No

Comment - null

Question - 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.

Answer - Yes/No

Comment - null

Question - 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?

Answer - Yes/No

Comment - null

Question - 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?

Answer - Yes/No

Comment - null

Question - 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**?

Answer - Yes/No

Comment - null

Question - 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?

Answer - Yes/No

Comment - null

Question - 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?

Answer - Yes/No

Comment - null

Question - Are you required to register, under Ohio law, the law of another state, the U.S., or for a foreign country, as a sex offender?

Answer - Yes/No

Comment - null

Question - 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?

Answer - Yes/No

Comment - null

Question - What type of nursing credential qualified you for your first U.S. nursing license?

Answer -

Comment - null

Question - What is your highest level of education (other than the certificate, diploma or associate degree that qualified you to become an LPN/LVN)?

Answer -

Comment - null

Question - In what country did you receive your entry-level nursing education?

Answer -

Comment - null

Question - In what U.S. state or territory was your initial nursing education program located?

Answer -

Comment - null

Question - What year were you initially licensed as a LPN/LVN in the U.S.?

Answer -

Comment - null

Question - In what country were you initially licensed as a LPN/LVN?

Answer -

Comment - null

Question - What is your current job status?

Answer -

Comment - null

Question - Have you changed nursing employers within the last year?

Answer -

Comment - null

Question - Have you changed nursing employers within the last year?

Answer -

Comment - null

Question - If you are in a paid nursing position, is it primarily full-time, part time or per diem?

Answer -

Comment - null

Question - Which of the following best describes your current employment arrangement at this practice location?

Answer -

Comment - null

Question - Which of the following best describes your current employment arrangement at this practice location?

Answer -

Comment - null

Question - In how many paid nursing positions do you work?

Answer -

Comment - null

Question - How many weeks have you worked in the last year?

Answer -

Comment - null

Question - How many weeks have you worked in the last year?

Answer -

Comment - null

Question - How many TOTAL hours do you work during a typical week in all of your nursing positions?

Answer -

Comment - null

Question - How many TOTAL hours do you work during a typical week in all of your nursing positions?

Answer -

Comment - null

Question - Indicate the zip code of your primary employer.

Answer -

Comment - null

Question - Please identify the type of setting that most closely corresponds to the primary setting where you work as an LPN

Answer -

Comment - null

Question - Please identify the type of setting that most closely corresponds to the primary setting where you work as an LPN

Answer -

Comment - null

Question - Please identify the position title that most closely corresponds to your work as a LPN

Answer -

Comment - null

Question - Please identify the position title that most closely corresponds to you work as a LPN

Answer -

Comment - null

Question - Please identify your LPN area of practice:

Answer -

Comment - null

Question - Please identify your LPN area of practice:

Answer -

Comment - null

Question - How many hours do you work during typical 1 week in your primary nursing practice area?

Answer -

Comment - null

Question - How many hours do you work during a typical week in your primary nursing practice area?

Answer -

Comment - null

Question - If you are unemployed, are you seeking a job as a nurse?

Answer -

Comment - null

Question - If unemployed, please indicate the primary reason.

Answer -

Comment - null

Question - Do you plan to become an RN?

Answer -

Comment - null

Question - If you plan to become an RN, what are your plans?

Answer -

Comment - null

Question - If you do not plan to return to school to become a RN, why not? (Select the best response.)

Answer -

Comment - null

Question - If you are proficient in a language other than English, please select from the list below.

Answer -

Comment - null

Question - Do you serve on a board that influences health care policy. For example, board of trustees; non-profit health related board; local, state, or federal health related board or policymaking body; etc.?

Answer -

Comment - null

Question - If yes, please specify.

Answer -

Comment - null

Question - Are you associated with the U.S. Armed Forces?

Answer -

Comment - null

Question - Which of the following best describes your five-year employment plan?

Answer -

Comment - null

Attachments

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 is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hard copy please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.