

# Online Renewal Preview 2015

Credential Definition:

RN (Registered Nurse)

**BEFORE CONTINUING - PLEASE VERIFY THAT YOUR NAME IS DISPLAYED JUST ABOVE THIS MESSAGE. IF YOU SEE A NAME OTHER THAN YOUR OWN, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV FOR ASSISTANCE.**

**Welcome to the Ohio Board of Nursing Online Renewal Site!**

**Please have the following information available:**

1. Complete address information. You will be asked to verify or update the "Credential Mail 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 payment confirmation. An email address is not required for renewal.
4. A valid credit card (Visa or MasterCard).

**IF THIS IS NOT YOUR FIRST RN LICENSE RENEWAL, YOU MUST COMPLETE ALL REQUIRED CONTACT HOURS OF CONTINUING EDUCATION (CE) INCLUDING THE MANDATORY ONE HOUR OF LAW (ORC CHAPTER 4723) AND RULES (OAC RULES 4723-01 THROUGH 4723-27) RELATING TO NURSING PRACTICE IN OHIO BY AUGUST 31, 2015.**

If you wish to place your license/certificate on inactive status, you must submit your request in writing. Please contact the Board Renewal Unit by email at [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov), fax at 614-466-0388 or by mailing your request to the Board by August 31, 2015, or your license will lapse.

Your license/certificate is not considered renewed until your application and fee are received and processed by the Board. If your payment is denied, your license/certificate will not verify online. Your license/certificate will lapse after August 31, 2015 if fees are not paid.

(NOTE: You will be asked for a phone number on the payment screen in case the bank needs to contact you. When you get the renewal receipt, that number will be replaced by a 555-555-5555 number by the bank for security reasons.)

If you have all the information listed above, click the "NEXT" button to continue.

## First-time Licensee Continuing Education Requirements

Question #	Online Question Text	User Defined Field
Required → 1	Is this your first RN renewal since taking the NCLEX examination in <u>Ohio</u> ?	[CS: First Renewal ? (CE # 1)]

## CE Completed?

Question #	Online Question Text	User Defined Field
Required → 2	I met (or will meet by August 31,	[CS: Completed 24 Hours ? (CE # 2)]

2015) the CE requirement to renew my RN license. For CE requirements, please refer to the Board's website.

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### One-time Waiver?

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 3	Are you taking your one-time waiver? <i>Remember the waiver is for <b>one time</b> only.</i> By asking for the waiver, you are stating that you did not or will not complete the required contact hours needed between September 1, 2013 and August 31, 2015.	[CS: Taking One-Time Waiver? (CE # 3)]

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### Compliance

#### Compliance

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.

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	a. A felony in Ohio, another state, commonwealth, territory, province, or country?  <b>OR</b>  b. 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.	[CC: Discipline (Renewal answer - Discipline # 1)]
2	If you checked "Yes" above to question 1a. or 1b., enter the court and case number below.	[CC: Discipline (Renewal answer - Discipline # 2)]
Required → 3	Has any board, bureau, department, agency or other body, including those in Ohio, <b>other than this Board</b> , in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration	[CC: Discipline (Renewal answer - Discipline # 3)]

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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?

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Required → 4 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? [CC: Discipline (Renewal answer - Discipline # 4)]

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Required → 5 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**? [CC: Discipline (Renewal answer - Discipline # 5)]

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Required → 6 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? [CC: Discipline (Renewal answer - Discipline # 6)]

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Required → 7 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? [CC: Discipline (Renewal answer - Discipline # 7)]

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Required → 8 Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender? [CC: Discipline (Renewal answer - Discipline # 8)]

Required → 9 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? [CC: Discipline (Renewal answer - Discipline # 9)]

If you answer "Yes" to questions 1, 7, or 8, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred, a certified copy of the indictment or criminal complaint, plea, journal entry from the appropriate court(s). A copy of the court docket or case summary does not meet this requirement.

If you answer "Yes" to questions 3, 4, 5, 6, or 9 you are required to provide the Board with a written explanation and certified copies of any documents (if applicable).

Please submit these documents to the Ohio Board of Nursing, Attention: Renewal Unit - Liaison, 17 South High Street, Suite 400, Columbus, Ohio 43215-7410. Your application is not complete until the Board has received ALL required documents.

**SSN** 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), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 45 C.F.R. pt. 60), reporting to law enforcement authorities for investigation/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.

Question #	Online Question Text	User Defined Field
Required → 1	Since your last application or renewal have you changed or obtained a new Social Security Number?	[CC: SSN Changed ? (Renewal)]
2	If yes, enter your correct Social Security Number, omitting any spaces or dashes.	[CC: SSN Submitted (Renewal)]

Citizen1		
Question #	Online Question Text	User Defined Field
Required → 1	I am a U.S. Citizen or lawfully	[CC: Citizenship 1 (Renewal answer)]

admitted into the U.S..

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## Citizen2

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 2	I am a foreign national not living in the United States.	[CC: Citizenship 2 (renewal answer)]

## Attestation

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	<b>I verify that all information provided is true and accurate.</b> I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28 (A) and/or (B), ORC.	[CC: Attestation (renewal answer)]

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## Workforce Section

For the 2015 renewal, the Board is gathering nursing and primary care workforce data. The questions asked are designed to provide demographic information as well as data about education; primary work setting, title, practice area; and employment status. The Board based the questions on the Minimum Data Set (Colleagues in Caring Project), and core data questions of the National Center for Health Workforce Analysis and the National Council of State Boards of Nursing.

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	What is your gender?	[CC: Gender]
Required → 2	What is your race/ethnicity? If more than one applies, mark "other."	[CC: Race/Ethnicity]
Required → 3	What is your date of birth (mmddyyyy)?	[CC: Date of Birth]
Required → 4	What type of nursing credential qualified you for your first U.S. nursing license?	[CC: Nursing Credential Qualified]
Required → 5	What is your highest level of education?	[CC: Highest Level Of Education]
Required → 6	In what country did you receive your entry-level nursing education?	[CC: Education Received from Country]
Required → 7	In what U.S. state or territory was <b>your initial nursing</b> education program located?	[CC: Initial Nursing Education Program]
Required → 8	What year were you initially licensed as a nurse in the U.S. (XXXX)?	[CC: Initially Licensed Year]
Required → 9	In what country were you initially licensed as an RN?	[CC: Initially Licensed Country]
Required → 10	What is your <b>current</b> job status?	[CC: Current Job Status]
Required → 11	If you are unemployed, are you seeking a job as a nurse?	[CC: Unemployed, Seeking]
Required → 12	If unemployed, please indicate the <b>primary</b> reason.	[CC: Unemployed, Reason]
Required → 13	Are you employed as a nurse?	[CC: Employed]

**Workforce Section 0** Employment Specific Questions:

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 14	If you are in a paid nursing position, is it primarily full-time, part-time or per diem?	[CC: Working]
Required → 15	In how many paid nursing positions do you work?	[CC: Paid Positions Working]
Required → 16	How many <b>weeks</b> have you worked in the last year?	[CC: Weeks Worked]
Required → 17	How many TOTAL <b>hours</b> do you work during a typical week in all of your nursing positions?	[CC: Typical Week Hours Worked]
Required → 18	Indicate the zip code of your primary employer (Enter one <b>5-DIGIT</b> zip code only).	[CC: Primary Employer Zip Code]
Required → 19	Indicate the zip code where you reside (Enter one <b>5-DIGIT</b> zip code only).	[CC: Residence Zip Code]
Required → 20	Please identify the type of setting that most closely corresponds to your primary nursing practice.	[CC: Work Setting RN LPN]
Required → 21	Please identify the position title that most closely corresponds to your primary nursing practice.	[CC: RN LPN Position Title]
Required → 22	Please identify the practice area that most closely corresponds to your primary nursing practice.	[CC: Practice Area RN LPN]
Required → 23	How many hours do you work during a typical week in your primary nursing practice area?	[CC: Hours Worked Primary Practice Area]
Required → 24	Do you have a secondary nursing practice?	[CC: Secondary Nursing Practice]

**Workforce Section 1** Employment Specific Questions (add-on):

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 25	Please identify the type of setting that most closely corresponds to your secondary nursing practice.	[CC: Secondary Work Setting]
Required → 26	Please identify the position title that most closely corresponds to your secondary nursing practice.	[CC: Secondary RN Position Title]
Required → 27	Please identify the practice area that most closely corresponds to your secondary nursing practice.	[CC: Secondary Practice Area]
Required → 28	How many hours do you work during a typical week in your secondary nursing practice area?	[CC: Hours Worked Secondary Practice Area]

**Workforce Section 2** Final four questions.

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
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- Required → 1 If you do not have a BSN, what are your plans about obtaining a BSN? [CC: BSN or RN Plans]
- Required → 2 If you do not plan to obtain BSN, why not? (Select the best response.) [CC: BSN or RN Why Not]
- Required → 3 If you are proficient in a language other than English, please select from the list below. [CC: Other Languages]
- Required → 4 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.? Please specify or answer "No". [CC: Workforce Board Service]
- Required → 5 Have you changed nursing employers within the last year? [CC: Workforce Job Change Last Year]
- Required → 6 Are you associated with the U.S. Armed Forces? [CC: Workforce Military Service]
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SAMPLE ONLY  
(Not for Submission)

## Online Renewal Preview 2015

Credential Definition:

RN 1 (Registered Nurse-1 Certificate of Authority)

### Instructions

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**If you wish to place your license/certificate on inactive status, you must submit your request in writing. Please contact the Board Renewal Unit by email at [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov), fax at 614-466-0388 or by mailing your request to the Board by August 31, 2015, or your license will lapse.**

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**If you have all the information listed above, click the "NEXT" button to continue.**

### CEs Met

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	I met (or will meet by August 31, 2015) the CE requirement to renew my RN license. For CE requirements, please refer to the Board's website.	[CS: Completed 24 Hours ? (CE # 2)]

### One Time Waiver COA

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	Are you taking your one-time waiver?	[CS: Taking One-Time Waiver ? (CE # 3)]

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 between September 1, 2013 and August 31, 2015.

**Compliance**

**Compliance COA**

The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original license/certificate 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.

Question #	Online Question Text	User Defined Field
Required → 1	a. A felony in Ohio, another state, commonwealth, territory, province, or country?	[CC: Discipline (Renewal answer - Discipline # 1)]
	<b>OR</b>	
	b. 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.	
2	If you checked "Yes" above to question 1a. or 1b., enter the court and case number below.	[CC: Discipline (Renewal answer - Discipline # 2)]
Required → 3	Has any board, bureau, department, agency or other body, including those in Ohio, <b>other than this Board</b> , 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	[CC: Discipline (Renewal answer - Discipline # 3)]

surrendered, resigned,  
or otherwise forfeited  
any professional  
license, certificate, or  
registration?

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Required → 4 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? [CC: Discipline (Renewal answer - Discipline # 4)]

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Required → 5 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**? [CC: Discipline (Renewal answer - Discipline # 5)]

•

Required → 6 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? [CC: Discipline (Renewal answer - Discipline # 6)]

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Required → 7 Have you been found [CC: Discipline (Renewal answer - Discipline # 7)]

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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**Required → 8** Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender? [CC: Discipline (Renewal answer - Discipline # 8)]

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**Required → 9** 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? [CC: Discipline (Renewal answer - Discipline # 9)]

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**Required → 10** Have you had any clinical privileges or other similar institutional authority suspended, restricted, or revoked? [CC: Discipline (Renewal answer - Discipline # 10) RN COA's Only]

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**Required → 11** Have any malpractice awards been paid by you or on your behalf for acts occurring in any state **other than Ohio**? [CC: Discipline (Renewal answer - Discipline # 11) RN COA's Only]

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If you answer "Yes" to questions 1, 7, or 8, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred, a certified copy of the indictment or criminal complaint, plea, journal entry from the appropriate court(s). A copy of the court docket or case summary does not meet this requirement.

If you answer "Yes" to questions 3, 4, 5, 6, 9 or 11 you are required to provide the Board with a written explanation and certified copies of any documents (if applicable).

Please submit these documents to the Ohio Board of Nursing, Attention: Renewal Unit - Liaison, 17 South High Street, Suite 400, Columbus, Ohio 43215-7410. Your application is not complete until the Board has received ALL required documents.

#### SSN, COA

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), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 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.

Question #	Online Question Text	User Defined Field
Required → 1	Since your last application or renewal have you changed or obtained a new Social Security Number?	[CC: SSN Changed ? (Renewal)]
2	If yes, enter your correct Social Security Number, omitting any spaces or dashes.	[CC: SSN Submitted (Renewal)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Citizen1, COA

Question #	Online Question Text	User Defined Field
Required → 1	I am a U.S. Citizen or lawfully admitted into the U.S..	[CC: Citizenship 1 (Renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Citizen2, COA

Question #	Online Question Text	User Defined Field
Required → 2	I am a foreign national not living in the United States.	[CC: Citizenship 2 (renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Attestation, COA

Question #	Online Question Text	User Defined Field
Required → 1	I understand that I am required to renew my	[CS: Renewal All Credentials]

RN, each COA (NP, NS, NM, NA) I may hold, and my CTP (if applicable) as separate transactions within this system.

- Required → 2 **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. [CC: Attestation (renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

**Workforce Section** For the 2015 renewal, the Board is gathering nursing and primary care workforce data. The questions asked are designed to provide demographic information as well as data about education; primary work setting, title, practice area; and employment status. The Board based the questions on the Minimum Data Set (Colleagues in Caring Project), and core data questions of the National Center for Health Workforce Analysis and the National Council of State Boards of Nursing.

Question #	Online Question Text	User Defined Field
Required → 1	What is your gender?	[CC: Gender]
Required → 2	What is your race/ethnicity? If more than one applies, mark "other."	[CC: Race/Ethnicity]
Required → 3	What is your date of birth (mmddyyyy)?	[CC: Date of Birth]
Required → 4	What type of nursing credential qualified you for your first U.S. nursing license?	[CC: Nursing Credential Qualified]
Required → 5	What is your highest level of education?	[CC: Highest Level Of Education]
Required → 6	In what country did you receive your entry-level nursing education?	[CC: Education Received from Country]
Required → 7	In what U.S. state or territory was your <b>initial</b> nursing education program located?	[CC: Initial Nursing Education Program]
Required → 8	What year were you initially licensed as a nurse in the U.S. (XXXX)?	[CC: Initially Licensed Year]
Required → 9	In what country were you initially licensed as an RN?	[CC: Initially Licensed Country]
Required → 10	What is your <b>current</b> job status?	[CC: Current Job Status]
Required → 11	If you are unemployed, are you seeking a job as a nurse?	[CC: Unemployed, Seeking]
Required → 12	If unemployed, please	[CC: Unemployed, Reason]

indicate the **primary** reason.

Required → 13 Are you employed as a nurse? [CC: Employed]

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**Workforce Section 0** Employment Specific Questions:

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 14	If you are in a paid nursing position, is it primarily full-time, part-time or per diem?	[CC: Working]
Required → 15	In how many paid nursing positions do you work?	[CC: Paid Positions Working]
Required → 16	How many <b>weeks</b> have you worked in the last year?	[CC: Weeks Worked]
Required → 17	How many <b>TOTAL hours</b> do you work during a typical week in all of your nursing positions?	[CC: Typical Week Hours Worked]
Required → 18	Indicate the zip code of your primary employer (Enter one <b>5-DIGIT</b> zip code only).	[CC: Primary Employer Zip Code]
Required → 19	Indicate the zip code where you reside (Enter one <b>5-DIGIT</b> zip code only).	[CC: Residence Zip Code]
Required → 20	Please identify the type of setting that most closely corresponds to your primary nursing practice.	[CC: Work Setting RN LPN]
Required → 21	Please identify the position title that most closely corresponds to your primary nursing practice.	[CC: COA1 Position Title]
Required → 22	Please identify the practice area that most closely corresponds to your primary nursing practice.	[CC: Practice Area RN LPN]
Required → 23	How many hours do you work during a typical week in your primary nursing practice area?	[CC: Hours Worked Primary Practice Area]
Required → 24	Do you have a secondary nursing practice?	[CC: Secondary Nursing Practice]

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**Workforce Section 1** Employment Specific Questions (add-on):

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 25	Please identify the type of setting that most closely corresponds to your secondary nursing practice.	[CC: Secondary Work Setting]

- Required → 26 Please identify the position title that most closely corresponds to your secondary nursing practice. [CC: Secondary COA1 Position Title]
- Required → 27 Please identify the practice area that most closely corresponds to your secondary nursing practice. [CC: Secondary Practice Area]
- Required → 28 How many hours do you work during a typical week in your secondary nursing practice area? [CC: Hours Worked Secondary Practice Area]

**Workforce Section 2** Final four questions.

- | Question #   | Online Question Text  | User Defined Field                   |
|--------------|---|--------------------------------------|
| Required → 1 | If you do not have a BSN, what are your plans about obtaining a BSN?  | [CC: BSN or RN Plans]                |
| Required → 2 | If you do not plan to obtain BSN, why not? (Select the best response.)  | [CC: BSN or RN Why Not]              |
| 3            | If you are proficient in a language other than English, please select from the list below.  | [CC: Other Languages]                |
| Required → 4 | 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.? Please specify or answer "No". | [CC: Workforce Board Service]        |
| Required → 5 | Have you changed nursing employers within the last year?  | [CC: Workforce Job Change Last Year] |
| Required → 6 | Are you associated with the U.S. Armed Forces?  | [CC: Workforce Military Service]     |

STAMPLE ONLY  
(Not for Submission)

## Online Renewal Preview 2015

Credential Definition:

RN 2 (Registered Nurse-2 Certificates of Authority)

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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 payment confirmation. An email address is not required for renewal.
4. A valid credit card (Visa or MasterCard).

**IF THIS IS NOT YOUR FIRST RN LICENSE RENEWAL, YOU MUST COMPLETE ALL REQUIRED CONTACT HOURS OF CONTINUING EDUCATION (CE) INCLUDING THE MANDATORY ONE HOUR OF LAW (ORC CHAPTER 4723) AND RULES (OAC RULES 4723-01 THROUGH 4723-27) RELATING TO NURSING PRACTICE IN OHIO BY AUGUST 31, 2015.**

**If you wish to place your license/certificate on inactive status, you must submit your request in writing. Please contact the Board Renewal Unit by email at [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov), fax at 614-466-0388 or by mailing your request to the Board by August 31, 2015, or your license will lapse.**

**Your license/certificate is not considered renewed until your application and fee are received and processed by the Board. If your payment is denied, your license/certificate will not verify online. Your license/certificate will lapse after August 31, 2015 if fees are not paid.**

**(NOTE: You will be asked for a phone number on the payment screen in case the bank needs to contact you. When you get the renewal receipt, that number will be replaced by a 555-555-5555 number by the bank for security reasons.)**

**If you have all the information listed above, click the "NEXT" button to continue.**

### CEs Met

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	I met (or will meet by August 31, 2015) the CE requirement to renew my RN license. For CE requirements, please refer to the Board's website.	[CS: Completed 24 Hours ? (CE # 2)]

### One Time Waiver COA

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	Are you taking your one-time waiver?	[CS: Taking One-Time Waiver ? (CE # 3)]

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 between September 1, 2013 and August 31, 2015.

**Compliance**

**Compliance COA**

The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original license/certificate 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.

Question #	Online Question Text	User Defined Field
Required → 1	a. A felony in Ohio, another state, commonwealth, territory, province, or country?	[CC: Discipline (Renewal answer - Discipline # 1)]
	<b>OR</b>	
	b. 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.	
2	If you checked "Yes" above to question 1a. or 1b., enter the court and case number below.	[CC: Discipline (Renewal answer - Discipline # 2)]
Required → 3	Has any board, bureau, department, agency or other body, including those in Ohio, <b>other than this Board</b> , 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	[CC: Discipline (Renewal answer - Discipline # 3)]

surrendered, resigned,  
or otherwise forfeited  
any professional  
license, certificate, or  
registration?

•

Required → 4 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? [CC: Discipline (Renewal answer - Discipline # 4)]

•

Required → 5 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**? [CC: Discipline (Renewal answer - Discipline # 5)]

•

Required → 6 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? [CC: Discipline (Renewal answer - Discipline # 6)]

•

Required → 7 Have you been found [CC: Discipline (Renewal answer - Discipline # 7)]

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?

•

**Required → 8** Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender? [CC: Discipline (Renewal answer - Discipline # 8)]

•

**Required → 9** 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? [CC: Discipline (Renewal answer - Discipline # 9)]

•

**Required → 10** Have you had any clinical privileges or other similar institutional authority suspended, restricted, or revoked? [CC: Discipline (Renewal answer - Discipline # 10) RN COA's Only]

•

**Required → 11** Have any malpractice awards been paid by you or on your behalf for acts occurring in any state **other than Ohio**? [CC: Discipline (Renewal answer - Discipline # 11) RN COA's Only]

•

If you answer "Yes" to questions 1, 7, or 8, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred, a certified copy of the indictment or criminal complaint, plea, journal entry from the appropriate court(s). A copy of the court docket or case summary does not meet this requirement.

If you answer "Yes" to questions 3, 4, 5, 6, 9 or 11 you are required to provide the Board with a written explanation and certified copies of any documents (if applicable).

Please submit these documents to the Ohio Board of Nursing, Attention: Renewal Unit - Liaison, 17 South High Street, Suite 400, Columbus, Ohio 43215-7410. Your application is not complete until the Board has received ALL required documents.

#### SSN, COA

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), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 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.

Question #	Online Question Text	User Defined Field
Required → 1	Since your last application or renewal have you changed or obtained a new Social Security Number?	[CC: SSN Changed ? (Renewal)]
2	If yes, enter your correct Social Security Number, omitting any spaces or dashes.	[CC: SSN Submitted (Renewal)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Citizen1, COA

Question #	Online Question Text	User Defined Field
Required → 1	I am a U.S. Citizen or lawfully admitted into the U.S..	[CC: Citizenship 1 (Renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Citizen2, COA

Question #	Online Question Text	User Defined Field
Required → 2	I am a foreign national not living in the United States.	[CC: Citizenship 2 (renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Attestation, COA

Question #	Online Question Text	User Defined Field
Required → 1	I understand that I am required to renew my	[CS: Renewal All Credentials]

RN, each COA (NP, NS, NM, NA) I may hold, and my CTP (if applicable) as separate transactions within this system.

- Required → 2 **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. [CC: Attestation (renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

**Workforce Section** For the 2015 renewal, the Board is gathering nursing and primary care workforce data. The questions asked are designed to provide demographic information as well as data about education; primary work setting, title, practice area; and employment status. The Board based the questions on the Minimum Data Set (Colleagues in Caring Project), and core data questions of the National Center for Health Workforce Analysis and the National Council of State Boards of Nursing.

- | Question #    | Online Question Text   | User Defined Field                      |
|---------------|--|---|
| Required → 1  | What is your gender?   | [CC: Gender]                            |
| Required → 2  | What is your race/ethnicity? If more than one applies, mark "other."                       | [CC: Race/Ethnicity]                    |
| Required → 3  | What is your date of birth (mmddyyyy)?   | [CC: Date of Birth]                     |
| Required → 4  | What type of nursing credential qualified you for your first U.S. nursing license?         | [CC: Nursing Credential Qualified]      |
| Required → 5  | What is your highest level of education?   | [CC: Highest Level Of Education]        |
| Required → 6  | In what country did you receive your entry-level nursing education?                        | [CC: Education Received from Country]   |
| Required → 7  | In what U.S. state or territory was <b>your initial nursing</b> education program located? | [CC: Initial Nursing Education Program] |
| Required → 8  | What year were you initially licensed as a nurse in the U.S. (XXXX)?                       | [CC: Initially Licensed Year]           |
| Required → 9  | In what country were you initially licensed as an RN?                                      | [CC: Initially Licensed Country]        |
| Required → 10 | What is your <b>current</b> job status?  | [CC: Current Job Status]                |
| Required → 11 | If you are unemployed, are you seeking a job as a nurse?                                   | [CC: Unemployed, Seeking]               |
| Required → 12 | If unemployed, please  | [CC: Unemployed, Reason]                |

indicate the **primary** reason.

Required → 13 Are you employed as a nurse? [CC: Employed]

•

**Workforce Section 0** Employment Specific Questions:

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 14	If you are in a paid nursing position, is it primarily full-time, part-time or per diem?	[CC: Working]
Required → 15	In how many paid nursing positions do you work?	[CC: Paid Positions Working]
Required → 16	How many <b>weeks</b> have you worked in the last year?	[CC: Weeks Worked]
Required → 17	How many <b>TOTAL hours</b> do you work during a typical week in all of your nursing positions?	[CC: Typical Week Hours Worked]
Required → 18	Indicate the zip code of your primary employer (Enter one <b>5-DIGIT</b> zip code only).	[CC: Primary Employer Zip Code]
Required → 19	Indicate the zip code where you reside (Enter one <b>5-DIGIT</b> zip code only).	[CC: Residence Zip Code]
Required → 20	Please identify the type of setting that most closely corresponds to your primary nursing practice.	[CC: Work Setting RN LPN]
Required → 21	Please identify the position title that most closely corresponds to your primary nursing practice.	[CC: COA2 Position Title]
Required → 22	Please identify the practice area that most closely corresponds to your primary nursing practice.	[CC: Practice Area RN LPN]
Required → 23	How many hours do you work during a typical week in your primary nursing practice area?	[CC: Hours Worked Primary Practice Area]
Required → 24	Do you have a secondary nursing practice?	[CC: Secondary Nursing Practice]

•

**Workforce Section 1** Employment Specific Questions (add-on):

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 25	Please identify the type of setting that most closely corresponds to your secondary nursing practice.	[CC: Secondary Work Setting]

- Required → 26 Please identify the position title that most closely corresponds to your secondary nursing practice. [CC: Secondary COA2 Position Title]
- Required → 27 Please identify the practice area that most closely corresponds to your secondary nursing practice. [CC: Secondary Practice Area]
- Required → 28 How many hours do you work during a typical week in your secondary nursing practice area? [CC: Hours Worked Secondary Practice Area]

**Workforce Section 2** Final four questions.

- | Question #   | Online Question Text  | User Defined Field                   |
|--------------|---|--------------------------------------|
| Required → 1 | If you do not have a BSN, what are your plans about obtaining a BSN?  | [CC: BSN or RN Plans]                |
| Required → 2 | If you do not plan to obtain BSN, why not? (Select the best response.)  | [CC: BSN or RN Why Not]              |
| 3            | If you are proficient in a language other than English, please select from the list below.  | [CC: Other Languages]                |
| Required → 4 | 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.? Please specify or answer "No". | [CC: Workforce Board Service]        |
| Required → 5 | Have you changed nursing employers within the last year?  | [CC: Workforce Job Change Last Year] |
| Required → 6 | Are you associated with the U.S. Armed Forces?  | [CC: Workforce Military Service]     |

STAMPLE ONLY  
 (Not for Submission)

## Online Renewal Preview 2015

Credential Definition:

RN 3 (Registered Nurse-3 Certificates of Authority)

### Instructions

**BEFORE CONTINUING - PLEASE VERIFY THAT YOUR NAME IS DISPLAYED JUST ABOVE THIS MESSAGE. IF YOU SEE A NAME OTHER THAN YOUR OWN, PLEASE CONTACT THE BOARD AT RENEWAL@NURSING.OHIO.GOV FOR ASSISTANCE.**

**Welcome to the Ohio Board of Nursing Online Renewal Site!**

**Please have the following information available:**

1. Complete address information. You will be asked to verify or update the "Credential Mail 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 payment confirmation. An email address is not required for renewal.
4. A valid credit card (Visa or MasterCard).

**IF THIS IS NOT YOUR FIRST RN LICENSE RENEWAL, YOU MUST COMPLETE ALL REQUIRED CONTACT HOURS OF CONTINUING EDUCATION (CE) INCLUDING THE MANDATORY ONE HOUR OF LAW (ORC CHAPTER 4723) AND RULES (OAC RULES 4723-01 THROUGH 4723-27) RELATING TO NURSING PRACTICE IN OHIO BY AUGUST 31, 2015.**

**If you wish to place your license/certificate on inactive status, you must submit your request in writing. Please contact the Board Renewal Unit by email at [renewal@nursing.ohio.gov](mailto:renewal@nursing.ohio.gov), fax at 614-466-0388 or by mailing your request to the Board by August 31, 2015, or your license will lapse.**

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**If you have all the information listed above, click the "NEXT" button to continue.**

### CEs Met

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	I met (or will meet by August 31, 2015) the CE requirement to renew my RN license. For CE requirements, please refer to the Board's website.	[CS: Completed 24 Hours ? (CE # 2)]

### One Time Waiver COA

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 1	Are you taking your one-time waiver?	[CS: Taking One-Time Waiver ? (CE # 3)]

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 between September 1, 2013 and August 31, 2015.

**Compliance**

**Compliance COA**

The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original license/certificate 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.

Question #	Online Question Text	User Defined Field
Required → 1	a. A felony in Ohio, another state, commonwealth, territory, province, or country?	[CC: Discipline (Renewal answer - Discipline # 1)]
	<b>OR</b>	
	b. 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.	
2	If you checked "Yes" above to question 1a. or 1b., enter the court and case number below.	[CC: Discipline (Renewal answer - Discipline # 2)]
Required → 3	Has any board, bureau, department, agency or other body, including those in Ohio, <b>other than this Board</b> , 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	[CC: Discipline (Renewal answer - Discipline # 3)]

surrendered, resigned,  
or otherwise forfeited  
any professional  
license, certificate, or  
registration?

•

Required → 4 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? [CC: Discipline (Renewal answer - Discipline # 4)]

•

Required → 5 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**? [CC: Discipline (Renewal answer - Discipline # 5)]

•

Required → 6 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? [CC: Discipline (Renewal answer - Discipline # 6)]

•

Required → 7 Have you been found [CC: Discipline (Renewal answer - Discipline # 7)]

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?

•

**Required → 8** Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender? [CC: Discipline (Renewal answer - Discipline # 8)]

•

**Required → 9** 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? [CC: Discipline (Renewal answer - Discipline # 9)]

•

**Required → 10** Have you had any clinical privileges or other similar institutional authority suspended, restricted, or revoked? [CC: Discipline (Renewal answer - Discipline # 10) RN COA's Only]

•

**Required → 11** Have any malpractice awards been paid by you or on your behalf for acts occurring in any state **other than Ohio**? [CC: Discipline (Renewal answer - Discipline # 11) RN COA's Only]

•

If you answer "Yes" to questions 1, 7, or 8, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred, a certified copy of the indictment or criminal complaint, plea, journal entry from the appropriate court(s). A copy of the court docket or case summary does not meet this requirement.

If you answer "Yes" to questions 3, 4, 5, 6, 9 or 11 you are required to provide the Board with a written explanation and certified copies of any documents (if applicable).

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#### SSN, COA

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), and reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. Section 11101 and 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.

Question #	Online Question Text	User Defined Field
Required → 1	Since your last application or renewal have you changed or obtained a new Social Security Number?	[CC: SSN Changed ? (Renewal)]
2	If yes, enter your correct Social Security Number, omitting any spaces or dashes.	[CC: SSN Submitted (Renewal)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Citizen1, COA

Question #	Online Question Text	User Defined Field
Required → 1	I am a U.S. Citizen or lawfully admitted into the U.S..	[CC: Citizenship 1 (Renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Citizen2, COA

Question #	Online Question Text	User Defined Field
Required → 2	I am a foreign national not living in the United States.	[CC: Citizenship 2 (renewal answer)]

**APRN "SEPARATE RENEWALS" REMINDER: You must SEPARATELY renew your RN license, each COA you hold, and your CTP, if applicable. You need to log back into this system each time to renew each license or certificate SEPARATELY. Please be aware that if you do not renew your RN license and all applicable certificates then not all licenses/certificates will be current. Practice without a current license is a violation of the Nurse Practice Act and may result in disciplinary action.**

#### Attestation, COA

Question #	Online Question Text	User Defined Field
Required → 1	I understand that I am required to renew my	[CS: Renewal All Credentials]

RN, each COA (NP, NS, NM, NA) I may hold, and my CTP (if applicable) as separate transactions within this system.

- Required → 2 **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. [CC: Attestation (renewal answer)]

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**Workforce Section** For the 2015 renewal, the Board is gathering nursing and primary care workforce data. The questions asked are designed to provide demographic information as well as data about education; primary work setting, title, practice area; and employment status. The Board based the questions on the Minimum Data Set (Colleagues in Caring Project), and core data questions of the National Center for Health Workforce Analysis and the National Council of State Boards of Nursing.

- | Question #    | Online Question Text   | User Defined Field                      |
|---------------|--|---|
| Required → 1  | What is your gender?   | [CC: Gender]                            |
| Required → 2  | What is your race/ethnicity? If more than one applies, mark "other."                       | [CC: Race/Ethnicity]                    |
| Required → 3  | What is your date of birth (mmddyyyy)?   | [CC: Date of Birth]                     |
| Required → 4  | What type of nursing credential qualified you for your first U.S. nursing license?         | [CC: Nursing Credential Qualified]      |
| Required → 5  | What is your highest level of education?   | [CC: Highest Level Of Education]        |
| Required → 6  | In what country did you receive your entry-level nursing education?                        | [CC: Education Received from Country]   |
| Required → 7  | In what U.S. state or territory was <b>your initial nursing</b> education program located? | [CC: Initial Nursing Education Program] |
| Required → 8  | What year were you initially licensed as a nurse in the U.S. (XXXX)?                       | [CC: Initially Licensed Year]           |
| Required → 9  | In what country were you initially licensed as an RN?                                      | [CC: Initially Licensed Country]        |
| Required → 10 | What is your <b>current</b> job status?  | [CC: Current Job Status]                |
| Required → 11 | If you are unemployed, are you seeking a job as a nurse?                                   | [CC: Unemployed, Seeking]               |
| Required → 12 | If unemployed, please  | [CC: Unemployed, Reason]                |

indicate the **primary** reason.

Required → 13 Are you employed as a nurse? [CC: Employed]

•

**Workforce Section 0** Employment Specific Questions:

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 14	If you are in a paid nursing position, is it primarily full-time, part-time or per diem?	[CC: Working]
Required → 15	In how many paid nursing positions do you work?	[CC: Paid Positions Working]
Required → 16	How many <b>weeks</b> have you worked in the last year?	[CC: Weeks Worked]
Required → 17	How many <b>TOTAL hours</b> do you work during a typical week in all of your nursing positions?	[CC: Typical Week Hours Worked]
Required → 18	Indicate the zip code of your primary employer (Enter one <b>5-DIGIT</b> zip code only).	[CC: Primary Employer Zip Code]
Required → 19	Indicate the zip code where you reside (Enter one <b>5-DIGIT</b> zip code only).	[CC: Residence Zip Code]
Required → 20	Please identify the type of setting that most closely corresponds to your primary nursing practice.	[CC: Work Setting RN LPN]
Required → 21	Please identify the position title that most closely corresponds to your primary nursing practice.	[CC: COA3 Position Title]
Required → 22	Please identify the practice area that most closely corresponds to your primary nursing practice.	[CC: Practice Area RN LPN]
Required → 23	How many hours do you work during a typical week in your primary nursing practice area?	[CC: Hours Worked Primary Practice Area]
Required → 24	Do you have a secondary nursing practice?	[CC: Secondary Nursing Practice]

•

**Workforce Section 1** Employment Specific Questions (add-on):

<u>Question #</u>	<u>Online Question Text</u>	<u>User Defined Field</u>
Required → 25	Please identify the type of setting that most closely corresponds to your secondary nursing practice.	[CC: Secondary Work Setting]

- Required → 26 Please identify the position title that most closely corresponds to your secondary nursing practice. [CC: Secondary COA3 Position Title]
- Required → 27 Please identify the practice area that most closely corresponds to your secondary nursing practice. [CC: Secondary Practice Area]
- Required → 28 How many hours do you work during a typical week in your secondary nursing practice area? [CC: Hours Worked Secondary Practice Area]

**Workforce Section 2** Final four questions.

- | Question #   | Online Question Text  | User Defined Field                   |
|--------------|---|--------------------------------------|
| Required → 1 | If you do not have a BSN, what are your plans about obtaining a BSN?  | [CC: BSN or RN Plans]                |
| Required → 2 | If you do not plan to obtain BSN, why not? (Select the best response.)  | [CC: BSN or RN Why Not]              |
| 3            | If you are proficient in a language other than English, please select from the list below.  | [CC: Other Languages]                |
| Required → 4 | 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.? Please specify or answer "No". | [CC: Workforce Board Service]        |
| Required → 5 | Have you changed nursing employers within the last year?  | [CC: Workforce Job Change Last Year] |
| Required → 6 | Are you associated with the U.S. Armed Forces?  | [CC: Workforce Military Service]     |

STAMPLE ONLY  
 (Not for Submission)