

License Reinstatement 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.

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.

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

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 physicians and podiatrists. A CRNA is not required to have a collaborating physician. *If you are applying for a CTP: This section is not required. To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (*) are required.

Questions

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

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

Answer - YES/NO

Comment -

Question - Did this position require an active Ohio license/certificate?

Answer - YES/NO

Comment -

Question - Did you directly or indirectly supervise the practice of nursing?

Answer - YES/NO

Comment -

Question - Did you delegate Nursing tasks to an unlicensed person?

Answer - YES/NO

Comment -

Question - Did you issue any prescriptions?

Answer - YES/NO

Comment -

Question - Did you use any of the following title/initials LPN, RN, APRN, CNM, CNP, CNS, NA, CRNA while your license/certificate was inactive/lapsed?

Answer - YES/NO

Comment -

Question - Supervisor or Collaborating Physician/Podiatrist

Answer - YES/NO

Comment -

Question - Description of duties including your titles

Answer - YES/NO

Comment -

Question - I will upload the CE requirement to reinstate/reactivate my RN license. For CE requirements, please refer to the [Board's website](#).

Answer - YES/NO

Comment -

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

Answer - YES/NO

Comment -

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

Answer - YES/NO

Comment -

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

Answer - YES/NO

Comment -

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, another state, commonwealth, territory, province, or country?

Answer - YES/NO

Comment - null

Question - Was the felony any of the following: aggravated murder, 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 DU/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 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 drug that is illegal or were prescription drugs used by you without a legal, valid prescription?

Answer - YES/NO

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 hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Attachment Title -

Attachment Description - Please upload the Completion Certificate(s) as proof of your continuing education requirements.

**SAMPLE ONLY
(Not for Submission)**