

## Online Renewal Preview 2015

Credential Definition:

COA NM (Certified Nurse MidWife)

### 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.**

**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.**

**Current mailing addresses are shown on the RN credential ONLY.**

### CE Completed?

Question #	Online Question Text	User Defined Field
Required → 1	I have maintained national certification as a CNM.	[CS: CE Question 1]
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### Attestation, COA

Question #	Online Question Text	User Defined Field
Required → 1	I understand that I am required to renew my RN, each COA (NP, NS, NM, NA) I may hold, and my CTP (if applicable) as separate transactions within this system.	[CS: Renewal All Credentials]
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Required → 2 I verify that all information 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 (NM 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.**

**COA Specialty Area** Please select from the list.

- | Question #   | Online Question Text   | User Defined Field              |
|--------------|--|---------------------------------|
| Required → 1 | Enter the name(s) and address(s) of your collaborating physicians below:   | [CS: Collaborating Physicians ] |
| Required → 2 | Please identify the type of setting that most closely corresponds to your primary nursing practice.  | [CS: Primary Work Setting]      |
| Required → 3 | Please identify the practice area that most closely corresponds to your primary nursing practice.  | [CS: Primary Practice Area]     |
| Required → 4 | Please enter a single 5-digit zipcode where you are employed as an APRN using the primary practice indicated above. If you are not working as an APRN enter 00000. | [CS: Primary Zip Code]          |
| Required → 5 | Do you have a secondary nursing practice?  | [CS: Secondary Practice?]       |

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**COA Specialty Area 2**

- | Question # | Online Question Text   | User Defined Field            |
|------------|--|-------------------------------|
| 1          | Please identify the type of setting that most closely corresponds to your secondary nursing practice.  | [CS: Secondary Work Setting]  |
| 2          | Please identify the practice area that most closely corresponds to your secondary nursing practice.  | [CS: Secondary Practice Area] |
| 3          | Please enter a single 5-digit zipcode where you are employed as an APRN using the secondary practice indicated above. If you are not working as an APRN enter 00000. | [CS: Secondary Zip Code]      |