



Application to Perform Limited Intravenous Therapy Procedures By a Licensed Practical Nurse in Ohio

Please Print Clearly

SECTION 1: - IDENTIFYING INFORMATION - TO BE COMPLETED BY THE APPLICANT

LPN License Number:

E-Mail Address:

Name:

Address:

City:

State:

Zip:

Residential Phone Number:

Work Phone Number:

Applicant Signature:

Date:

SECTION 2: - VERIFICATION OF COURSE COMPLETED - TO BE COMPLETED BY THE PROVIDER

Course or Module Provider Name:

Course or Module Provider Contact Person:

Course or Module Provider Phone Number:

OBN Approver Name:

OBN Approver Number:

Applicant has an Ohio license with a "Meds Designation"

The Applicant completed an Ohio Approved Course in IV Therapy for LPNs and a Photocopy of their CE Certificate is attached.

Date Course Started:

Date Course Ended:

The Applicant completed an Ohio Approved Independent Study Module on Ohio Law and Rules for LPNs performing IV Therapy and a Photocopy of their CE Certificate is attached.

Date Ohio Module completed:

SECTION 3: - TO BE COMPLETED BY BOARD STAFF

Indicate the State where the LPN IV course was completed: _____

Indicate the Date the LPN IV course was completed: _____

Send the completed application to the Ohio Board of Nursing, 17 S. High Street, Suite 400, Columbus Ohio 43215-7410. Attach a copy of the students certificate from your program. Upon receipt of the course or module, CE certificate and this completed application, the Board will authorize the nurse to perform limited IV Therapy in Ohio and will update their LPN credential.

Instructions for Completing the Application to Perform Limited Intravenous Therapy Procedures by LPN in Ohio

Attached is:

Application to Perform Limited Intravenous Therapy Procedures by an LPN in Ohio (Application).

The application must be sent to the Ohio Board of Nursing by the provider of the course or module upon completion of an LPN IV Therapy Course or Module. One application must be completed for each applicant. An LPN IV Application does not need to be submitted to the Board for RNs who take the course for CE credit. Listed below are the instructions for completing the application.

Section 1. The provider of the LPN IV Therapy course or module is to have each applicant complete Section 1 of the Application.

Section 2. At the end of the LPN IV Therapy course or module, the provider of the LPN IV Therapy course or module documents the following as indicated:

- Their course or module provider name;
- The name and phone number of the nurse who may be contacted by the Board for any questions about the LPN IV Therapy course or module;
- The name of the provider's Ohio Board of Nursing (OBN) Approver; and
- The OBN Approver's Number

The provider of the LPN IV Therapy course or module must document whether the applicant holds an active Ohio LPN license with a "meds" designation. The provider then documents whether the applicant completed the LPN IV Therapy course or module. The provider **must** attach a copy of the CE certificate obtained after completing either the LPN IV therapy course or module.

If the applicant completed the LPN IV Therapy course, the provider documents:

- The date the course started; and
- The date the classroom portion of the course ended

If the applicant completed the LPN IV Therapy module, the provider documents:

- The date the provider's module was completed

Section 3. **This section will be completed by Board staff:**

- The state where the LPN IV Therapy course was completed; and
- The date the LPN IV Therapy course was completed

The provider then sends the completed application with the attached CE certificate to the Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, Ohio 43215-7410

If any of the information that appears on the application is incorrect or a copy of the applicant's CE certificate is not attached, the application will be returned for completion.