Ohio | Department of Developmental Disabilities

Division of Medicaid Development & Administration

John R. Kasich, Governor
John L. Martin, Director

NURSING CERTIFICATION RENEWAL FORM

Your certification to be a trainer of medication administration, health related activities, gastrostomy/jejunostomy feedings and medication administration and insulin administration expires **August 1, 2011**. Please complete this form and email it to provider.certification@dodd.ohio.gov. This form must be received no later than August 1, 2011, in order for your certification to continue via the renewal process. If it is **not** received by August 1, 2011, your certification as a trainer will lapse. If your certification lapses, you will be required to repeat the Train the Trainer class.

Name: _____ RN License number: _____

Current Address: _____

1. Has name changed since last renewal? ☐ yes ☐ no

If yes, please report name change from: _____
To: _____

2. Any change in email address since the last renewal? ☐ yes ☐ no

If yes, new email address is: _____

3. Any Change in phone number(s) since the last renewal? ☐ yes ☐ no

If yes, my new phone number is: _____

My new fax number is: _____

30 E. Broad Street
13th Floor
Columbus, Ohio 43215

(800) 617-6733 (Phone)
(614) 752-3503 (Fax)
dodd.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of Services

4. Any change in employment since last renewal? ☐ yes ☐ no

If yes, my new employer is:

Address:

Phone number:

Fax Number:

Tax ID number:

I have completed the required 4 hours of Continuing Education ☐ yes ☐ no

There is a possibility you may be audited regarding your continuing education credits. If you are unable to produce evidence of the completed continuing education, your certification to teach may be suspended or possibly revoked.

By entering your initials in the box below, you attest that all information on this form is true and accurate and that you are Registered Nurse, as is the requirement for certification for RN Trainers.

Applicants Initials