Ohio Department of Health

NURSE AIDE REGISTRY
Request for Reciprocity

Section I – APPLICANTS WILL SUBMIT AND COMPLETE THIS SECTION:

- **Complete** the information in **Section I;**
- **Attach** a clear photocopy of your official social security card;
- **Attach** a clear photocopy of your picture identification showing birth date and correct spelling of your name
- **Have you ever worked in Ohio as an aide before or appeared on the Ohio Nurse Aide Registry before?**
  ☐ Yes ☐ No   If yes, when: _____
- **If you are a United States armed forces service member, veteran, the spouse or surviving spouse of a service member or veteran and would like to receive priority expedited reciprocity processing,** check ☐ Yes ☐ No   (See Page 2)
- **If yes, mark the appropriate box below and submit an acceptable proof of service member or veteran status as detailed on page 2** ☐ Service member ☐ Veteran ☐ Spouse

Name (Last, First, Middle) Maiden Name (if applicable)			
Social Security Number	☐ Male ☐ Female	Date of Birth (mm/dd/yyyy) / /	(Area Code)Telephone Number
Mailing Address (Street, Rural Route, Apartment Number, etc.)			
City		State	Zip Code
Signature of Applicant	Date	Nurse Aide Number	State Issued	Date Issued

To check if your name is on the Ohio Nurse Aide Registry, call (614) 752-9500, option 0.

- The Ohio Nurse Aide Registry will return without action all incomplete requests and requests without the required documents
- The Ohio Nurse Aide Registry may require work verification from your previous employer if your home registry does not record last employment or employer
- Tampering with or attempting to falsify a government record such as a nurse aide certificate is a third degree felony punishable by up to 10 years in prison and a $10,000 fine

Section II – STATE NURSE AIDE REGISTRY INFORMATION INSTRUCTIONS

(Transferring or Other State Nurse Aide Registry/Agency is responsible for completion):

Please do not remove attached (enclosed) documents • Check or complete all items that apply • Affix official agency stamp or seal • Have authorized person sign at bottom of Section II • State Agency – return completed request to the Ohio Nurse Aide Registry at the address below	Affix State Seal

_____ The Applicant identified in Section I is **NOT** listed on our state Nurse Aide Registry

_____ The nurse aide identified in Section I has met the training **and** testing requirements or equivalent per the Omnibus Budget Reconciliation Acts of 1987 and 1989 and was initially placed on the registry: (Date) _____

Certificate Number	Expiration Date / /

The method of registration was:

☐ Examination   ☐ Deemed   ☐ Reciprocity from: _____

Are there documented findings of ABUSE, NEGLECT OR MISAPPROPRIATION OF A RESIDENT'S PROPERTY listed on the Nurse Aide Registry for this applicant? ☐ Yes ☐ No

Comments:

Date: _____

Agency: _____

Signature and Title of State Agency Representative   State: _____

246 N. High Street, 3rd floor, Columbus, OH 43215

Attention Service Members, Veterans and their spouses:

The Ohio Department of Health Nurse Aide Registry provides priority application processing for service members, veterans and their spouses. Applications must include proof of service member/veteran status.

Acceptable proof documents for service members or veterans:

Individuals that submit with their applications, proof that they are a service member or veteran, or the spouse or surviving spouse of a service member or veteran will receive priority processing. The acceptable proof of service member/veteran status documents are:

1. Department of Defense identification card (active, retired, temporary disability retirement list (TDRL);

2. DD214 military discharge certificate indicating disposition of discharge;

3. Report of Separation from the national archives national personnel records center in St. Louis, Missouri; or

4. Veterans identification card from the Department of Veterans Affairs.

All acceptable proof documents, except Department of Veterans Affairs identification card, must show the veteran status as honorable, general, general under honorable conditions, or discharged or released under conditions other than dishonorable. If the applicant is qualified and desires priority expedited processing, the document of the acceptable proof must be attached to the application.