



Ohio Board of Nursing

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OBN Approver Re-Approval Application

Approver Contact Information

Official Name of Organization _____

Approver Number _____

Headquarters Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Website _____

Contact Person

Name & Title _____

Telephone Number _____ Email Address _____

Registered Nurse in Charge of Peer Review

Name _____

License Number _____

Telephone Number _____ Email Address _____

General Requirements

Type of Organization

Select One

Nursing or Dialysis Technician Organization	<input type="checkbox"/>
A Nursing Education Program	<input type="checkbox"/>
A Dialysis Technician Training Program	<input type="checkbox"/>
A Nursing or Dialysis Technician Continuing Education Department	<input type="checkbox"/>

Ohio Nursing Board Application

JE Gale



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