

Nurse Aide Registry

Request for Reciprocity



Section I – To be completed by applicant.

Section II – To be completed by transferring state agency.

Applicant:

- Attach a clear photocopy of your official Social Security card.
- Attach a clear photocopy of your identification showing birth date and correct spelling of your name.

To check for your name on the Ohio Nurse Aide Registry, visit [Nurse Aide Registry](#) on the Ohio Department of Health website; call (614)752-9500, option 2, or email NAR@odh.ohio.gov.

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. **For expedited processing, applications must include proof of service and member/veteran status.** Acceptable documentation includes:

- U.S. Department of Defense identification card (active, retired, temporary disability retirement list (TDRL).
- DD214 military discharge certificate indicating disposition of discharge.
- Report of Separation from the National Archives National Personnel Records Center in St. Louis, Missouri.
- Veterans' identification card from the U.S. Department of Veterans Affairs.

All acceptable proof documents, except for the 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.

PLEASE NOTE:

- The Ohio Nurse Aide Registry will not process incomplete requests.
- The Ohio Nurse Aide Registry may require work verification from your previous employer if your home registry does not record last employment.
- 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 (Ohio Revised Code 2913.42).

Nurse Aide Registry Request for Reciprocity



**Department of
Health**

Section I - To be completed by applicant.

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
Nurse Aid Number	State Issued		Date Issued	Additional State(s) Where Licensed
Signature of Applicant				Date

Section II - State Nurse Aide Listing

(To be completed by transferring or other state nurse aide registry/agency.)

Please do not remove attached (enclosed) documents. Check or complete all items that apply. Authorized person must sign at bottom of Section II Return completed request to the Ohio Nurse Aide Registry at the address below.	Affix State Seal Here	
_____ The applicant identified in Section I is NOT listed on our state nursing board. _____ The nurse aide identified in Section I has met the training and testing requirements or equivalent per the Omnibus Budget Reconciliations Acts of 1987 and 1989 and was initially placed on the registry: (Date) _____		
Certification Number:	Expiration Date:	
The method of registration was: _____ Examination _____ Deemed Reciprocity from _____		
Are there documented findings of ABUSE, NEGLECT or EXPLOITATION of a RESIDENT, or MISAPPROPRIATION of a RESIDENT'S PROPERTY listed on the nurse aide registry for this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		
State:	Agency:	
Signature and Title of State Agency Representative:		Date
Printed Name		
Comments:		

246 N. High Street, Attn: NAR, Columbus, OH 43215

P: (614) 564-2461
HEA 6907

Fax: (614) 564-2461

Email: NAR@odh.ohio.gov
Updated May 2025