

# New License Application

Submission Date: 10/02/2017

## License Type - Registered Nurse (RN)

### Personal Information

Provide the necessary personal information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process.

Title

First Name

MARIE

Middle Name

Last Name

GELLE

Maiden Name

RIZZO

Social Security Number

[REDACTED]

Date of Birth

[REDACTED]

Email Address

[REDACTED]

Phone Number

[REDACTED]

Other Phone Number

Citizenship

United States

### Additional Information

Provide the necessary additional information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process.

Do you have other aliases?

CHASE MARIE

What is your gender?

Female

What is your ethnicity?

White

In which country were you born?

United States

In which state were you born (if United States)?

Ohio

In which city were you born?

CLEVELAND OH

### License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.



### Military Service

If you have served in the military, provide the information for the type of service and duration of service. You may be required to submit documentation of military status if required by the Board.

Have you served in the military?

No

Has your spouse served in the military?

No

Country of Service

Service Branch

Are you still serving in the military (Active or Reserve)?

Were you honorably discharged from your service?

Service Start Date

Service End Date

### Education History

To add an educational institution to your profile, click the ADD EDUCATION button. Begin typing the name of the school into the Education Institution field. As you type, the name of your school should auto-populate. Once it does, click on it to select it. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. Repeat this process for all education entries. All fields marked with (\*) are required. Once finished, continue with the next Background sections or click the SAVE AND CONTINUE button.

Educational Institution - Fortis College  
Degree Type - Associate  
Degree - Associate of applied science degree in nursing  
Enrollment date - 3/14/2015  
Graduation date - 7/2/2017

## Employment History

\*If you are applying for an RN: Are you currently employed in Ohio as an RN? If so, please identify employer and dates of employment. \*If you are applying for a CRNA, CNS, CNM or CNP: If you are already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, provide the period during which and the place where you are engaged, and the names and business addresses of your current collaborating physicians and podiatrists. A CRNA is not required to have a collaborating physician. To add an entry to your employment history, click the Add Work History button. Complete the information fields and click Save. Repeat this process for all employment entries. All fields marked with (\*) are required.

## License Verification

\*If you are applying for an RN by Examination: This section is not required. To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with (\*) are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon.

LPN.089767.MEDS  
Licensed Practical Nurse (LPN)  
Ohio Board of Nursing  
active  
United States  
Ohio

## Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save Answers. Once you have answered all questions and saved your answers, click Save and Continue to progress through the application.

Question - Are you currently employed in Ohio as an RN?  
Answer - No



Question - Are you requesting accommodations? More information around accommodations can be found here: <http://www.nursing.ohio.gov/pdfs/Accommodations.pdf>.

Answer - No

Question - Were you educated outside of the United States?

Answer - No

Question - Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A felony in Ohio, another state, commonwealth, territory, province, or country?

Answer - No

Question - Have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes. This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice? A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence.

Answer - No

Question - Have you been found to be a mentally ill person subject to hospitalization by court order, been found to be mentally incompetent by a probate court, or been found incompetent to stand trial by a court?

Answer - No

Question - Has any board, bureau, department, agency or other body, including those in Ohio, **other than this board**, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Answer - No

Question - Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?

Answer - No

Question - Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio, other than this Board?

Answer - No



Question - Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?

Answer - No

Question - Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Answer - No

Question - Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Answer - No

Question - Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Answer - No

Question - Are you currently engaged in the illegal use of chemical substances or controlled substances? For this question "Currently" does not mean on the day of, or even weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a certificate holder or licensee, or within the past two years. "Illegal use of chemical substances or controlled substance" means the use of chemical substances or controlled substances obtained illegally (e.g. heroin, cocaine, or methamphetamine) as well as the use of controlled substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the direction of a licensed healthcare practitioner.

Answer - No

Question - Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?

Answer - No

## **Attachments**

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - BCI/FBI Background Check

Description - I acknowledge that I will complete BCI and FBI background checks.

Attested - Attestation complete

Title - Education Verification

Description - I acknowledge that my program completion letter or non-Ohio education transcript must be sent directly to the Board by the education institution.

Attested - Attestation complete

## Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

### Attestation

Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

I am the person in this application for Licensure and the statements made herein are true.

The law regulating the practice of nursing states that the Ohio Board of Nursing may revoke, permanently revoke a license, and deny or permanently deny a licensure application to a person found by the Board to have committed fraud in passing the examination or to have committed fraud, misrepresentation, or deception in applying for or securing any license issued by the Board.

No person may engage in the practice of nursing as a Registered Nurse in Ohio for a fee, salary, or other consideration, or as a volunteer, unless holding a current, valid Ohio license as a Registered Nurse.

In order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information will be accessed in accordance with OAC 4723-1-11(D)(2)(d)(ii). I have read and understand this Attestation and consent for fingerprinting.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 10/02/2017 16:57:55

Type your First Name and Last Name as they appear on the application to sign electronically.

MARIE GELLE

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.



If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.