

Submission Date and Time: 9/23/2019 4:22 PM

License Renewal Application

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. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

Title

No Response

First Name

TINA

Middle Name

RENEE

Last Name

KING

Maiden Name

TINA OVER

Social Security Number

██████████

Date of Birth

██████████

Email Address

████████████████████

Phone Number

██████████

Other Phone Number

No Response

Citizenship

United States Citizen

List languages you personally use to communicate with patients excluding an interpreter or software

English

Other Language

No Response

Individual National Provider Identifier - if not applicable leave blank

No Response

Enter home US zip-code. Enter NA if unavailable

██████████

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?

VAUGHAN TINA RENEE; WEIDLER TINA RENEE; OVER TINA RENEE

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?

WOOSTER

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio. Some questions may appear to be duplicative.

What is your primary employment status?

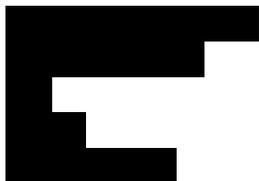
Actively working in a position(s) that requires this license

Which of the following best describes your five-year employment plan?

Maintain practice hours as is

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

If you answered "Yes", are you currently serving in the military?

No Response

Has your spouse served in the military?

No

If you answered "Yes", are they currently serving in the military?

No Response

I declined to answer these questions



Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution. Some questions may appear to be duplicative. After your Employment Location data has been entered please click the SAVE EMPLOYMENT LOCATION button before Saving and Continuing.

Name of Practice Site - Montefiore

Practice Settings - Nursing home/Extended care facility/Assisted living facility

Street Address - One David N. Myers Parkway

City - Beachwood

State - OH

Zip Code - 44122

Major Area of Focus or Specialty - Other

Total Hours Worked at this practice site, per Week - 50

Percent of time spent per week in each of the following at this practice site:

Direct Patient Care - 10

Teaching/Academic - 30

Research - 10

Professional Services - 10

Administrative Activities - 30

Other - 10

Total Hours- 100

Hospital Admitting Privileges for Patients - No

Current Employment Arrangement - Salaried

Other Employment Arrangement - null

Intern/Resident Position - No

Employed as Federal Employee - No

Accepting New Patients - Yes

Questions

Answer the following questions. Once completed, click “Save and Continue” to progress through the application.

Question - Select one of the following regarding completing the twenty-four (24) hour continuing education requirement by October 31 of this year:

Answer - I have completed or will complete twenty-four hours of required continuing education by October 31 of this year.

Question - I am a U.S. Citizen or lawfully admitted into the U.S.

Answer - Yes

Question - Since your last application or renewal have you changed or obtained a new Social Security Number?

Answer - No

Question - **The following questions apply since the submission of your last renewal application, or if this is your first renewal from the date your original licensure application was filed.** Have you 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 the crime has a direct and substantial relationship to nursing practice. A felony in Ohio, another state, commonwealth, territory, province, or country?

Answer - No

Question - Have you 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 the crime has 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 - 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 voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?

Answer - No

Question - Have you 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 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 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 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 - 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

Question - Have you been addicted to, dependent on, diagnosed with addiction, dependence or substance abuse disorder related to, or treated for addiction, abuse, dependence or substance disorder related to your use of alcohol or any chemical substance; or have you used any drugs that are illegal or were prescription drugs used by you without a legal, valid prescription?
Answer - No

Question - What type of nursing credential qualified you for your first U.S. nursing license?
Answer - Baccalaureate degree-nursing RN

Question - What is your highest level of education?
Answer - Baccalaureate degree-nursing RN

Question - In what country did you receive your entry-level nursing education?
Answer - United States

Question - In what U.S. state or territory was your initial nursing education program located?
Answer - Ohio

Question - What year were you initially licensed as a nurse in the U.S.?
Answer - 2004

Question - In what country were you initially licensed as a RN?
Answer - United States

Question - What is your current job status?

Answer - In a paid position in nursing or a position that requires a nurse license

Question - Have you changed nursing employers within the last year?

Answer - No

Question - If you are in a paid nursing position, is it primarily full-time, part-time or per diem?

Answer - Full-Time

Question - Which of the following best describes your current employment arrangement at this practice location?

Answer - Salaried

Question - In how many paid nursing positions do you work?

Answer - 1

Question - How many weeks have you worked in the last year?

Answer - 52

Question - How many TOTAL hours do you work during a typical week in all of your nursing positions?

Answer - 50

Question - Indicate the zip code of your primary employer. (5 digits only)

Answer - 44122

Question - Please identify the type of setting that most closely corresponds to your primary nursing practice.

Answer - Nursing home/Extended care facility/Assisted living facility

Question - Please identify the position title that most closely corresponds to your primary nursing practice:

Answer - Director of Nursing or Assistant Director of Nursing

Question - Please identify the practice area that most closely corresponds to your primary nursing practice.

Answer - Geriatrics

Question - How many hours do you work during a typical week in your primary nursing practice area?

Answer - 50

Question - Do you have a secondary nursing practice?

Answer - No

Question - Do you have a BSN?

Answer - Yes

Question - Do you serve on a board that influences health care policy. For example, board of trustees; non-profit health related board; local, state, or federal health related board or policymaking body; etc.?

Answer - No

Question - Are you associated with the U.S. Armed Forces?

Answer - Not applicable

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.

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 verify that all information provided is true and accurate. I am aware that misrepresentation on this application may result in disciplinary action in accordance with 4723.28, ORC.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 9/23/2019 4:22 PM

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

TINA KING

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.