



FORM B

(Application for CTP after Completion of 500 Externship Hours)

- After completing the 500 direct hours, the collaborating physician or podiatrist's office must send Form B directly to the Board via email (aprn@nursing.ohio.gov), fax (614-466-0388 Attn: APRN), or mail (see address above, ATTN: APRN). The Board will not accept this form from the applicant.
• Each collaborating physician/podiatrist may complete a form, or it may be completed by one physician/podiatrist within a group/practice
• No fee is required when submitting this form
• Submit certificates of completion for two (2) contact hours on Ohio laws governing drugs and prescriptive authority with this form. Contact aprn@nursing.ohio.gov for approved courses.

CTP APPLICANT:

Full Legal Name (Last) (First) (Middle) (Maiden)

CTP-E # Email

Signature Date

PHYSICIAN/PODIATRIST COLLABORATOR:

I certify that the above named individual completed direct prescribing hours within the following dates of their externship.

PRESCRIBING START DATE (month/year)

PRESCRIBING END DATE (month/year)

DIRECT SUPERVISION HOURS

Printed Name Signature

Ohio Medical License # Business Address

CTP COLLABORATOR:

I certify that the above named individual completed direct prescribing hours within the dates of their externship. (Up to 200 hours)

DIRECT HOURS Ohio CTP #

Printed Name Signature