

**OKLAHOMA BOARD OF NURSING**

2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800

***ADDITIONAL DOCUMENTATION  
FOR ONLINE APPLICATION***

**TYPE OR PRINT IN BLACK OR BLUE INK ONLY**

**I have submitted the following application online. Please add the attached information to my application file. (Check one of the following applications. Please be sure that you have checked the correct type of application.)**

- |                                                                                                   |                                                                                        |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Rewrite the Licensure Examination                                        | <input type="checkbox"/> Rewrite the AUA Certification Examination                     |
| <input type="checkbox"/> Reinstatement or Return to Active Status of Licensure                    | <input type="checkbox"/> Reinstatement or Return to Active Status of AUA Certification |
| <input type="checkbox"/> Reinstatement of Advanced Practice Registered Nurse Licensure            | <input type="checkbox"/> Prescriptive Authority Recognition                            |
| <input type="checkbox"/> CRNA Authority to Select, Order, Obtain, and Administer Drugs            | <input type="checkbox"/> Reinstatement of Prescriptive Authority Recognition           |
| <input type="checkbox"/> Reinstatement of CRNA Authority to Select, Order, Obtain, and Administer | <input type="checkbox"/> APRN Licensure                                                |

Last four (4) digits of Social Security# \_\_\_\_\_ Date of birth \_\_\_\_\_  
MM DD YYYY

Name on application \_\_\_\_\_  
First Middle or maiden Last

My current mailing address is: *(Please check here if this is a new address \_\_\_\_.)*

\_\_\_\_\_ Box number or Street Address

\_\_\_\_\_ City State Zip

Telephone (Day) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_

**The attached documentation should be added to my application file** *(Please check all that apply. Please note that required documentation varies by application type. Review the application instructions to determine what documentation is required to complete your application.):*

- |                                                                                             |                                                                           |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> OSBI Criminal History Records Search                               | <input type="checkbox"/> Certified copies of court records or Board Order |
| <input type="checkbox"/> Evidence of Status Form and photocopy of document verifying status | <input type="checkbox"/> Supervising physician agreements                 |
| <input type="checkbox"/> Continuing education documentation                                 |                                                                           |

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_