

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

INSTRUCTIONS AND APPLICATION FOR REINSTATEMENT OF ADVANCED UNLICENSED ASSISTANT CERTIFICATE

Application fee = \$65.00

Use this application if:

- You have been previously certified as an Advanced Unlicensed Assistant (AUA) in Oklahoma; and
- Your certification is currently lapsed, suspended, voluntarily surrendered, or revoked.

Persons employed as an AUA without a valid Oklahoma certification are notified to cease employment immediately until a valid AUA certificate is issued. Continued employment in a position requiring AUA certification without a valid AUA certification will be considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.

REQUIREMENTS FOR REINSTATING YOUR AUA CERTIFICATE

Submission of an application and fee: You must submit a completed application, using a current application form. The application must be accompanied by the correct fee.

Verification of citizenship status: State law requires the Board of Nursing to issue a certificate only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present, *in person*, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
2. A pending or approved application for asylum in the U.S.;
3. Admission into the U.S. in refugee status;
4. A pending or approved application for temporary protected status in the U.S.;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will only be eligible to receive a certificate card that is valid for the time period of their authorized stay in the U.S., or if there is no date of end to the time period of their authorized stay, for one year. The certificate card is required to indicate that it is temporary. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

Verification of continuing qualifications for practice: The application for reinstatement must be accompanied by one of the following:

- verification of employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or
- verification of successful completion of twelve hours of clinical in service appropriate to the AUA role within the previous 24 months; or
- rewriting the certification examination with a passing score, both the written and core skills portions of the exam; or
- verification of initial certification as an AUA within the 24 months immediately prior to reinstatement of AUA certification.

Review of criminal history: Applicants for reinstatement of Advanced Unlicensed Assistant certification who have ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter; **and/or** have ever had disciplinary action taken against another health-related license, recognition, certification, or application; **and/or** are currently under investigation; **and/or** have ever been judicially declared incompetent are **required to notify the Oklahoma Board of Nursing in writing, if the incident has not previously been reported in writing to the Board.** Failure to report such action is a violation of the Oklahoma Nursing Practice Act.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. **Completion of application:** Complete the application and affidavit accurately typed or in black or blue ink. You must complete all sections of the application **using your name as it appears on your certification card.** If you have had a name change since your certificate has not been in an active status, you must submit a *Name Change Request* and the supporting documentation with the application. You may obtain the *Name Change Request* form on our website, by clicking on the link to “Forms”.

You must provide a Social Security number on the application. This information is mandatory, pursuant to 56 O.S. § 240.21A, for administration of the tax laws of the State of Oklahoma. **You may not use correction fluid on the application.** You must sign the application LEGIBLY, using your full legal name.

The application may also be completed and submitted online on our website: www.ok.gov/nursing. Click on the link for “Online Applications”.

2. **Citizenship: U.S. Citizens, U.S. Nationals, and Legal Permanent Resident Aliens:**
 - a. If your certificate lapsed on or before November 1, 2007, you must complete the attached *Evidence of Status* form and submit it with your application. If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit a

photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status (Part A)* form. A certificate will not be issued until the appropriate documentation is submitted.

If your certificate lapsed after November 1, 2007, you are not required to submit an *Evidence of Status* form with your reinstatement application. However, all certificate holders who are U.S. citizens, U.S. nationals, or legal permanent resident aliens are required to submit an *Affidavit of Citizenship Status*. If you have not submitted an *Affidavit of Citizenship Status*, you must submit one with your application for reinstatement. The *Affidavit of Citizenship Status* is attached.

- b. **Qualified aliens:** If you are a qualified alien, you must personally bring your completed application and *Evidence of Status (Part B)* form to the Oklahoma Board of Nursing office, along with the original documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form. At the Board office, a staff member will review your qualified alien status documentation and will make a notarized copy before your application will be accepted. If the application is mailed to the Board office, the application will not be processed until the applicant presents in person the original documentation of alien resident status.
3. **Arrest, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer “yes” to the arrest, discipline, or competency questions on the application, you must submit a statement on the application form, describing the date, location and circumstances of the incident, and the resulting action taken by the court or disciplinary board. If you have more than one incident you are reporting, you must speak to every case/charge that has been filed. If you have reported a history of being summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or being requested to appear before any prosecuting attorney or investigative agency in any matter, you must submit **certified copies** of the **Information Sheet** (brief summary of the incident prepared by the court), **Affidavit of Probable Cause, Charges** (listing of the charges brought against you), **Judgment and Sentencing** (findings of the court and sentence imposed), and verification that sentencing requirements are complete. Certified copies are copies of court records obtained from the courthouse in the county/state where the action occurred, dated and signed by the court clerk, and affixed with the court seal. You may obtain these documents from the courthouse in the county/city or in the federal court of the district in which the court action occurred. **Internet court documents (such as OCIS case reports) and faxed records will not be accepted. Please note that you must report all arrests and/or charges that have been brought against you.**

If you have reported a history of discipline on another nursing or health-related license, certificate, or recognition, please request that a certified copy of the Board order be submitted directly to the Board office. If you have reported a history of judicial

declaration of mental incompetence, please contact the Board office for further instructions.

This information should accompany your application and fee, *unless* you previously reported this information in writing to the Oklahoma Board of Nursing.

4. **Verification of continuing qualifications for practice:** In order to reinstate your AUA certification, you must submit one of the following documents:
 - a. an *Employment Verification Form* verifying employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or
 - b. documentation verifying successful completion of twelve hours of clinical inservice appropriate to the AUA role within the previous 24 months; or
 - c. a request for a registration to rewrite the certification examination; or
 - d. verification on the application form that initial certification as an AUA was completed within the 24 months immediately prior to reinstatement of AUA certification.

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes occurring during the registration and testing process. This notification must be signed and submitted in person, by mail, or by facsimile.

Your application to the Board for licensure is valid for one year after receipt. After that time, a new application and fee must be submitted. Please allow 14 days processing time from the date of receipt of your completed application in the Board office. Applications are processed in the order they are received. Repeated telephone calls will delay, rather than facilitate, the processing of your application. Please avoid calling the Board office to check on the status of your application until at least 14 days have passed since the date of receipt of your completed application in the Board office. **Fees submitted are not refundable.**

In accordance with Oklahoma law (59 O.S. §567.7 (E)), the Executive Director shall suspend the license or certificate of a person who submits a check, money draft, or similar instrument for payment of a fee which is not honored by the financial institution named. The suspension becomes effective ten (10) days following delivery by certified mail of written notice of the dishonor and the impending suspension to the person's address on file. Upon notification of suspension, the person may reinstate the authorization to practice upon payment of the fees and any and all costs associated with notice and collection. The suspension shall be exempt from the Administrative Procedures Act.

COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

- **Leaving application questions incomplete or unanswered, or using correction fluid on the application**
- **Not providing a Social Security number**
- **Failing to provide the full name under which you were certified (with the notation “NMI” if there is no middle name)**
- **Failing to provide your certification number**
- **Failing to sign the application with the full legal name, or signing illegibly**
- **Failing to provide an *Evidence of Status Form* and accompanying documentation**
- **Failing to request that the employer submit an *Employment Verification Form* directly to the Board office**
- **Failing to include contact information for your current or most recent employer on the application**
- **Failing to provide a complete description and documentation regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence**

OKLAHOMA BOARD OF NURSING

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

***APPLICATION FOR REINSTATEMENT OF
ADVANCED UNLICENSED ASSISTANT CERTIFICATION***

TYPE OR PRINT IN BLACK OR BLUE INK ONLY – Do not use correction fluid!

I hereby make application to reinstate my certification as an Advanced Unlicensed Assistant (AUA) in accordance with the statutes of the State of Oklahoma (59 O.S. §567.3).

SECTION I: APPLICANT INFORMATION

Social Security# _____ - _____ - _____ Date of birth _____
This information is mandatory, pursuant to 56 O.S. § 240.21A, MM DD YYYY
for administration of the tax laws of the State of Oklahoma. AUA certificate number _____

Name as it appears on AUA certificate: _____
First Middle or Maiden Last

My mailing address is: _____
Box number or Street Address

City State Zip

Telephone (Day) (____) _____ (Evening) (____) _____

Email Address _____

SECTION II: EMPLOYMENT INFORMATION

PLEASE PROVIDE CONTACT INFORMATION FOR YOUR CURRENT OR MOST RECENT EMPLOYER.

Employer's name Supervisor's name

Employer's street address City/State/Zip

Your Position Title Start Date Last Date Worked

Are you currently employed in a position requiring an AUA certificate in Oklahoma? Yes ____ No ____

Have you practiced in a position requiring an AUA certificate in Oklahoma since your certificate was not in an active status? Yes ____ No ____

If you answered "yes" to either of the above questions, please request that your employer submit an *Employment Verification Form* and job description directly to the Board office.

SECTION VI: APPLICANT'S STATEMENT

Please check each of the following to verify your understanding:

- _____ I understand that I must complete all questions on the application form, typed or in black or blue ink, with no correction fluid. I understand that I must attach a check or money order for \$65.00 to my application form prior to submission.

- _____ I understand that if I am a U.S. citizen, national, or permanent legal resident alien, I must attach an *Evidence of Status Form* and a photocopy of supporting documentation or *Affidavit of Citizenship Status*. If I am a qualified alien, I must bring an *Evidence of Status Form* and original copy of supporting documentation to the Board office.

- _____ I understand that if I answer “yes” to any question related to criminal charges, disciplinary actions or judicial declaration of incompetence, I must submit to the Board certified copies of court records or the Board order.

- _____ I understand that if I am employed in a position requiring AUA certification, I must request that my employer submit an *Employment Verification Form* and a job description directly to the Board office.

- _____ I understand that I must verify continuing qualifications for practice.

AFFIDAVIT

Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate “NMN”.

I declare and affirm that the statements made in this application, including any and all accompanying documents prepared by me, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure, certification and/or recognition.

Signature of Applicant:

Print full legal name in the space below:

FIRST

MIDDLE

LAST

DATE

EVIDENCE OF STATUS FORM

GENERAL INFORMATION

State law requires the Board of Nursing to issue a license or certificate only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present to the agency, *in person*, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
2. A pending or approved application for asylum in the U.S.;
3. Admission into the U.S. in refugee status;
4. A pending or approved application for temporary protected status in the U.S.;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will be eligible to receive a license/certification card that is valid only for the time period of their authorized stay in the U.S., or, if there is no end date to the time period of their authorized stay, for one year. The license/certification card is required to indicate that it is temporary. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

In order to verify citizenship or qualified alien status, applicants for nursing licensure by endorsement or examination, for certification as an Advanced Unlicensed Assistant, or for reinstatement/return to active status of their license or certificate, must submit an *Evidence of Status Form* and the required supporting documentation with their application.

INSTRUCTIONS FOR COMPLETION OF THE FORM

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must bring your completed application, Criminal History Records Search from the Oklahoma State Bureau of Investigation, and *Evidence of Status Form: Part B* to the Oklahoma Board of Nursing office, along with the original documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form. At the Board office, a staff member will review your qualified alien status documentation and will make a notarized copy before your application will be accepted. If the application is mailed to the Board office, the application will not be processed until the applicant presents in person the original documentation of alien resident status.

EVIDENCE OF STATUS FORM: PART A

Type or Print Clearly – Please use black or blue ink only

Date: _____ Social Security #: _____ License No.: _____

Full Legal Name: _____
First Middle Maiden (if applicable) Last

Mailing Address: _____
Street Address or Post Office Box

_____ City State Zip Code Telephone Number (including area code)

I am submitting evidence of my status in order to apply for: (CHECK ONE OF THE FOLLOWING)
 Renewal Reinstatement License/Certificate by Examination License by Endorsement

**PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

U.S. Citizen or U.S. National

_____ **A birth certificate** showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;

_____ **United States passport** (except limited passports, which are issued for periods of less than five years);

_____ **Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens);

_____ **Certificate of birth (FS-545)** (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;

_____ **Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed);

_____ **Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed);

_____ **United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);

_____ **Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

_____ **Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or

_____ **American Indian Card with a classification code “KIC” and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)

Alien Lawfully Admitted for Permanent Residence:

_____ **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or

_____ **Unexpired Temporary I-551** stamp in foreign passport or on INS Form I-94.

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public)

Date

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Signature

(SEAL)

Commission Number:

My Commission Expires:

EVIDENCE OF STATUS FORM: PART B

Type or Print Clearly - Please use black or blue ink only

Date: Social Security #: License No.:

Full Legal Name: First Middle Maiden (if applicable) Last

Mailing Address: Street Address or Post Office Box

City State Zip Code Telephone Number (including area code)

I am submitting evidence of my status in order to apply for: (CHECK ONE OF THE FOLLOWING)
Renewal Reinstatement License/Certificate by Examination License by Endorsement

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

If you are a qualified alien, please bring one of the original, unexpired documents to the Oklahoma Board of Nursing office with your application and fee. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:

- INS Form I-94
INS Form I-688B

Asylee:

- INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA;
INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)";
INS Form I-766 (Employment Authorization Document) annotated "AS";
Grant letter from the Asylum Office of INS; or
Order of an immigration judge granting asylum.

Refugee:

- INS Form I-94 annotated with stamp showing admission under §207 of the INA;
INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)";
INS Form I-766 (Employment Authorization Document) annotated "A3"; or
INS Form I-571 (Refugee Travel Document).

Alien Paroled Into the U.S. for a least One Year:

- INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

- INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)";
INS Form I-766 (Employment Authorization Document) annotated "A10"; or
Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

- INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
INS Form I-766 (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA.

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- INS petition and appropriate supporting documentation

Other Document

(Specify)

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public) Date

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

Subscribed and sworn before me this day of, 20.

Notary Signature (SEAL) Commission Number: My Commission Expires:

INFORMATION TO BE ADDED TO APPLICATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME ON APPLICATION _____

TYPE OF APPLICATION ON FILE (Please check one):

- _____ Application or Rewrite Application for Licensure by Examination
- _____ Application for Licensure by Endorsement
- _____ Application for Reinstatement of a License, Certificate or Recognition
- _____ Application for Renewal of a License, Certificate or Recognition
- _____ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- _____ Other: _____

------(DETACH HERE)-----

INFORMATION TO BE ADDED TO APPLICATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME ON APPLICATION _____

TYPE OF APPLICATION ON FILE (Please check one):

- _____ Application or Rewrite Application for Licensure by Examination
- _____ Application for Licensure by Endorsement
- _____ Application for Reinstatement of a License, Certificate or Recognition
- _____ Application for Renewal of a License, Certificate or Recognition
- _____ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- _____ Other: _____

------(DETACH HERE)-----

INFORMATION TO BE ADDED TO APPLICATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME ON APPLICATION _____

TYPE OF APPLICATION ON FILE (Please check one):

- _____ Application or Rewrite Application for Licensure by Examination
- _____ Application for Licensure by Endorsement
- _____ Application for Reinstatement of a License, Certificate or Recognition
- _____ Application for Renewal of a License, Certificate or Recognition
- _____ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- _____ Other: _____