

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 ENDORSEMENT OF NURSES EDUCATED OUTSIDE THE UNITED STATES

*Application Fee - \$125.00 (Endorsement \$85.00 + Education Equivalence Evaluation \$40.00)
If a temporary license is requested – Add \$10.00*

Use this application if you:

- Were educated in a nursing program in a country outside the United States and U.S. territories; and
- Were originally licensed in a country outside the United States and U.S. territories; and
- Have not previously held a license (at the same level) in Oklahoma; and
- Want to endorse your license into Oklahoma.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION. Please note that an applicant educated in a U.S. territory not recognized as a full member of National Council of State Boards of Nursing (NCSBN) must meet the requirements for applicants educated in foreign countries. An applicant educated in a U.S. territory that is a full member of NCSBN but in a nursing education program not included on the NCSBN state-approved programs of nursing list at the time of the applicant's graduation from the program must meet the requirements for applicants educated in foreign countries.

REQUIREMENTS FOR LICENSURE IN OKLAHOMA

Age: The applicant for licensure must be a minimum of eighteen (18) years of age.

Verification of citizenship status: State law requires the Board of Nursing to issue a license 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 license 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 license 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.

Graduation from a government-approved program of registered or practical nursing: You must be a graduate of a government-approved program of registered or practical nursing, as verified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). A translated transcript from the nursing education program with certified proof of translation must be provided by CGFNS or directly from the nursing education program. The nursing education program you attended **must have included theory and clinical experience in the following areas:**

- Care of the adult
- Care of children
- Maternal-newborn nursing
- Psychiatric-mental health nursing (Exception: psychiatric clinical experience is not required for practical nurse applicants)

An evaluation of educational requirements must be conducted by the Commission on Graduates of Foreign Nursing Schools. You may make arrangements to have either of the following credentials presented directly to the Oklahoma Board of Nursing from the Commission on Graduates of Foreign Nursing Schools (CGFNS):

- a. *A Verification of CGFNS Certificate or Visa Screen Certificate Letter and Forwarding Professional Education & Professional Registration/Licensure form,*
or
- b. *A Healthcare Profession and Science Course-by-Course Report, completed by the Credentialing Evaluation Service of CGFNS*

Please see the instructions for further information on obtaining the necessary documents from CGFNS. Reports received from CGFNS must have been completed within the five (5) years immediately preceding the date of application for licensure by endorsement. The five-year requirement is waived if the applicant holds a license in another state.

Completion of the licensure examination: In order to be eligible for licensure by endorsement, the Registered Nurse must be licensed by exam as follows:

- a. After February 1, 1989: by achieving a score of “PASSED” on the National Council Licensure Examination (NCLEX-RN), OR
- b. Between July 1, 1982, and February 1, 1989: by passing the NCLEX-RN with a score of at least 1600, OR
- c. Between January 1, 1952, and July 1, 1982: by passing the State Board Test Pool Examination (SBTPE) for registered nurse licensure in medical nursing, surgical nursing, obstetrical nursing, nursing of children and psychiatric nursing with a score of 350 or more in each subject, OR
- d. Canadian nurses originally licensed by exam in the following provinces in the years indicated: Alberta 1952-70; British Columbia 1949-70; Manitoba 1955-70;

Newfoundland 1961-70; Nova Scotia 1955-70; Prince Edward Island 1956-70; Quebec (*English language*) 1959-70; and Saskatchewan 1956-70.

RN licensure by the following exams is **not recognized**: New Mexico 1974; Puerto Rico prior to 1976 or after August, 2006; Puerto Rico-Spanish language version exam any year; Alaska prior to 1954; Virgin Islands prior to 1964; Guam prior to 1969; any State constructed Examination; any foreign exam. Any nurse originally licensed by any of these exams must write and pass the licensing examination adopted by the Oklahoma Board of Nursing.

In order to be eligible for licensure by endorsement, the Licensed Practical Nurse must be licensed by exam as follows:

- a. LPNs who were licensed between July 1, 1954, and October 1, 1988, must have passed the examination adopted by the Board for practical nurse licensure achieving a standard score of 350 on either the State Board Test Pool Examination (SBTPE) for Licensed Practical Nurse licensure or the National Council Licensure Examination (NCLEX-PN).
- b. LPNs licensed since October 1, 1988, must have achieved a score of “PASSED” on the NCLEX-PN.

LPN licensure by the following exams is **not recognized**: California- May 1974 through September 1986; Texas prior to 1969; Puerto Rico prior to 1976 or after August 1, 2006; Puerto Rico-Spanish language version exam any year; any foreign exam. Any nurse originally licensed by any of these exams must write and pass the licensing examination adopted by the Oklahoma Board of Nursing.

Verification of licensure in the country in which you graduated: You must hold a license in the country in which you graduated from your nursing education program. Licensure must be verified in the form of an official verification received directly from the Commission on Graduates of Foreign Nursing Schools (CGFNS – see instructions for contact information). If you are also licensed in another U.S. state or territory, your licensure status must also be verified from the board in the state in which you were originally licensed.

Submission of evidence of continuing qualifications for practice: You must submit evidence of continued qualifications for practice through completion of one of the following requirements within the last two years prior to receipt of the application in the Board office:

- a. Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course approved by the Board (see list of approved refresher courses on website: www.ok.gov/nursing/refresher.pdf); or
- b. Successfully passing the National Council Licensure Examination for Registered or Practical Nurses; or
- c. Submission of an official transcript verifying successful completion of at least seven academic semester credit hours (or 105 contact hours) of nursing courses which include classroom and clinical instruction; or
- d. Present an *Employment Verification Form* and an accompanying job description that provides evidence of licensure in another state and employment in a position requiring nursing licensure with verification of at least 520 work hours during the

past 2 years. **This form must be submitted directly to the Board from the employer.**

Applicants for endorsement who took the NCLEX examination for initial licensure within the last two years must provide evidence of completion of the nursing education program within two years of initial application for licensure by examination or have at least six months work experience in the state or country of original licensure.

Verification of high school completion: Applicants for LPN licensure must either have earned a high school diploma or a General Educational Development certificate (GED).

Verification of English language competence: All foreign-educated applicants must submit verification of current English language competence, with the exception of: 1) graduates of nursing education programs taught in English in Australia, Canada (except Quebec), Ireland, New Zealand, Trinidad, Tobago, Jamaica, Barbados, South Africa and the United Kingdom; 2) applicants who are licensed in another U.S. state or territory and have successfully completed the licensure examination approved by the Board and have at least one year full-time equivalent work experience in a clinical setting as a Registered Nurse or Licensed Practical Nurse in the state of licensure. An original official copy of the scores must be received directly from the testing service. Photocopies will not be accepted. If the testing entity indicates the scores are considered not valid and/or expired, the test scores will not be accepted.

Verification of English language competence includes the following:

- a. Passing scores for Test of English as a Foreign Language (TOEFL), Test of Spoken English (TSE) and Test of Written English (TWE); or for the TOEFL-iBT, offered by the Educational Testing Service; or
- b. Passing scores for Test of English for International Communication (TOEIC), Test of Spoken English (TSE), and Test of Written English (TWE), offered by the Educational Testing Service; or
- c. Passing scores for International English Language Testing System (IELTS).

Passing Scores Established for English Language Competency Testing:

	<u>RN</u>	<u>LPN</u>	
TOEFL	540	530	(paper/pencil based) (computer based)
	207	197	
TSE	50	50	
TWE	4.0	4.0	
TOEIC	725	700	
TSE	50	50	
TWE	4.0	4.0	
IELTS	6.5 (academic module) 7.0 (spoken band)	6.0 (general training module) 7.0 (spoken band)	

TOEFL-iBT 26 Speaking
83 Total

26 Speaking
79 Total

Review of criminal history: All applicants for Oklahoma licensure must submit an original copy of a name based, sex offender, and violent offender criminal history record search conducted by the Oklahoma State Bureau of Investigation (OSBI) no more than 90 days prior to receipt of the application in the Board office.

In addition to the criminal history record search, applicants for licensure 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; **or** have ever had disciplinary action taken against another health-related license, recognition, or certification; **or** have ever been judicially declared incompetent are required to notify the Oklahoma Board of Nursing. Failure to report such action is a violation of the *Oklahoma Nursing Practice Act*.

An applicant for a license to practice as a Registered Nurse or Licensed Practical Nurse must submit to the Oklahoma Board of Nursing “certified written evidence that the applicant has never been convicted in this state, the United States or another state of any felony, unless five (5) years have elapsed since the date of the criminal conviction or the termination of any probation or other requirements imposed on the applicant by the sentencing court, whichever shall last occur, or a presidential or gubernatorial pardon for the criminal offense has been received” [59 O.S. §567.5]. **Therefore, applicants for licensure in Oklahoma with one or more felony convictions cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received.**

Special instructions for military spouses: If you are relocating to this state pursuant to your spouse’s official military orders and you have not worked 520 or more hours in a licensed position in a state in which you were actively licensed within the past 2 years, state law [O.S. 59 §567.11(8)] allows you to practice nursing in the state of Oklahoma for one hundred twenty days (120) after submission of an application and fees for licensure to the Board, provided that you:

- have an active, unencumbered license from another state or territory;
- have no health-related license in a disciplinary status; and
- furnish to the employer satisfactory evidence of current, unencumbered licensure in another state or territory.

If this applies to you, please provide a copy of your nursing license card from another state or territory and a copy of your spouse’s official military orders with your application.

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 with your **full legal name**. Please indicate “NMN” if you do not have a middle name. **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.** When you are finished entering your information, attach your signed and dated photograph, and 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:** All applicants for licensure must complete the attached *Evidence of Status Form* and submit it with their 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 “Primary Evidence of Citizenship” on the *Evidence of Status Form: Part A*. 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 to the Oklahoma Board of Nursing office, along with the original documents that support your qualified alien status, as shown under “Documentation to Establish Qualified Alien Status” on the Evidence of Status Form: Part B. 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. **Criminal History Search:** All applicants for initial licensure in Oklahoma must submit an original copy of a name-based criminal history record search conducted by the Oklahoma State Bureau of Investigation (OSBI) no more than three (3) months old. The criminal history search must include your Social Security number, and a sex offender and violent offender check. The results of the criminal history record search must be submitted to the Oklahoma Board of Nursing by the applicant with the application for licensure. To obtain a copy of the criminal history record, you must submit an *OSBI Criminal History Record Information Request* and the required fee to the OSBI in person or by mail at the following address:

Oklahoma State Bureau of Investigation
Criminal History Reporting Unit
6600 North Harvey Place, Building Six
Oklahoma City, OK 73116
(800) 522-8017

A copy of the criminal history record form and instructions may be obtained from the OSBI, or online at http://www.ok.gov/osbi.Criminal_History/. **Photocopies, faxed copies, or forms completed by employment service providers will not be accepted.** The criminal history record search should be submitted on the form that is supplied by the OSBI. Please put your name and address at the top in the space provided for "Name of Individual, Business or Agency Making Request", in order to ensure the form is returned to you. Please ensure that you provide a postage paid reply envelope. Please ensure that all personal data is completed, including but not limited to **all names used and Social Security number**. Under "Type of Search Requested", please check **Name Based, Sex Offender, and Violent Offender**. The OSBI will mail the criminal history record search results directly to you, and **you must send the original form to the Oklahoma Board of Nursing**. Allow 3-4 weeks to obtain the results of the search.

4. ***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/city 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, fee, and a copy of your OSBI criminal history record search.

5. **Photograph:** Attach a signed and dated photograph taken within the last two years in the indicated space with scotch tape (DO NOT STAPLE). **Photographs must meet the following criteria:**
 - A. SIZE: 2" X 2"
 - B. FACE SIZE: 1" minimum or 1 ½" maximum, excluding hair, from the scalp line to the bottom of the chin. Full face view-**WITHOUT GLASSES**. Eyes should be clearly visible.
 - C. BACKGROUND: Neutral background without shadows.
 - D. FINISH: Black and white or color. Semi-matte or glossy finish.
 - E. SIGNATURE: Photograph must be legibly signed and dated in the border at the bottom, side, or top. **DO NOT SIGN ACROSS YOUR FACE.**
 - F. **Personal camera snapshots, booth-type, or photocopies of photos are not acceptable.**
6. **Fee:** Submit the complete application to our office with the fee of \$125.00 (cashier's check, money order, or personal check). All fees are non-refundable. If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review.
7. **CGFNS credentials evaluation or certification:** Contact the Commission on Graduates of Foreign Nursing Schools to apply for a *Health Profession and Science Course-by-Course Report* **or** for a *Verification of CGFNS Certificate* or *VisaScreen Certificate Letter* and *Forwarding Professional Education & Professional Registration/Licensure* form. The contact information for CGFNS is as follows:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2665
(215) 349-8767
www.cgfns.org

The *Health Profession and Science Course-by-Course Report* will verify the status of your licensure in your country of origin, verify the school attended was government-approved, obtain an official transcript from your nursing education program, and evaluate your healthcare and sciences courses in terms of comparability to U.S. nursing programs. A *Verification of CGFNS Certificate* or *VisaScreen Certificate Letter* and *Forwarding Professional Education & Professional Registration/Licensure* form will be accepted in lieu of a *Health Profession and Science Course-by-Course Report*. The certification process includes licensure verification, an educational evaluation, English language competency testing and an evaluation of readiness for the NCLEX examination through a qualifying examination. While the qualifying examination is not required for Oklahoma licensure, a holder of a CGFNS certificate obtained within the last five years is deemed to have met the requirements for establishing licensure verification. The translated

transcript submitted by CGFNS will be evaluated by the Board staff to ensure that the nursing curriculum includes required theory and clinical courses. The CGFNS certificate holder has also completed the TOEFL, TOEIC, or IELTS portions of the English language competency testing, but must still submit scores for the TSE and TWE, if the TOEFL or TOEIC tests were used. The individual may then be approved to take the NCLEX, if other endorsement requirements are met.

8. **Temporary License:** To request a temporary license, check the “Y” on the first page of the *Application for Licensure by Endorsement*. Submit a \$10.00 temporary license fee with your application fee. Current licensure in another state is required. Requirements for a temporary license include:

- A completed application form
- Fee for endorsement and for the temporary license
- Proof of current licensure in another state (for example, submission of a notarized copy of your current license card, verification of licensure from the state’s website, or receipt of an interstate verification)
- Verification of licensure status, completion of a board-approved nursing education program meeting the educational standards established by the Oklahoma Board of Nursing, and passing the licensure examination from your original state of licensure
- Receipt of completed CGFNS report and transcripts that verify eligibility for licensure
- Receipt of current passing English language testing scores, if required for licensure
- Receipt of an *Evidence of Status* form and notarized appropriate documentation

A temporary license will not be issued to anyone who has had a history of arrest, criminal charges, adjudication of incompetence, or disciplinary action, or who will be required to take the NCLEX exam or meet additional requirements for continuing qualifications for practice prior to licensure in Oklahoma. A temporary license will not be issued if the application is complete.

9. **Interstate Verification:** Verification of licensure in your original state of licensure is required if you are licensed in the United States. This verification may come in written form directly from the board of nursing in the original state of licensure or from the Nursys system at the National Council of State Boards of Nursing. Please note that each state or Nursys will charge a fee for this verification. Contact your state of original licensure or log on to www.nursys.com for information on fees. A form to request the verification directly from the board of nursing is attached to this application packet. Information to allow you to request verification from Nursys can be accessed at: www.nursys.com. The states from which licensure can be requested via Nursys are listed.

If your original state of licensure is not listed on the Nursys Instruction Form, you must send the written verification request to the state directly. Contact the Board of Nursing in your original state of licensure to determine the process and fee charged to verify your

licensure credentials to another state. Complete the top section of the *Interstate Verification Form* and **mail it with the required fee to the Board of Nursing in your original state of licensure** or follow the process as directed by the Board of Nursing in your original state of licensure.

10. ***Verification of continuing qualifications for practice:*** If you have already taken the NCLEX examination and have worked at the applicable level of licensure for a minimum of 520 hours in the last two years, please request that your employer submit an *Employment Verification Form* and job description. Each employer providing verification must complete and submit a separate form. **Please note that this form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department and submitted directly to the Board.**

If you have not practiced as a nurse for at least 520 hours in the last two years prior to submitting an application for licensure by endorsement, you must provide an official transcript or certificate of completion for a refresher course approved by the Oklahoma Board of Nursing or an official transcript documenting hours earned in a board-approved nursing education program. A list of Board-approved refresher courses is available on our website: www.ok.gov/nursing. If you have not worked, completed a board-approved refresher course, or completed hours in a nursing education program, please note on the application for licensure by endorsement that you wish to re-take the NCLEX examination to establish continuing qualifications for practice. A registration form for the NCLEX examination will be then mailed to you.

If you took the NCLEX within the last two years and graduated from your nursing education program more than two years prior to taking the NCLEX, you must provide verification through an *Employment Verification Form* of at least six months work experience in your state or country of original licensure.

GENERAL INFORMATION

The *Oklahoma Nursing Practice Act* requires you to obtain a dated Oklahoma temporary license or valid Oklahoma license **prior** to employment in nursing in Oklahoma. **You must obtain a license before orienting or working in a position requiring a nursing license.** A temporary license may only be granted to applicants who possess a current unrestricted license in another U.S. state or territory. Issuance of a temporary license does not guarantee you will qualify for permanent licensure in Oklahoma.

Please allow 14 calendar days to process your application from the time a **completed** application and all required materials are received in the Board office. All applications are reviewed in the order in which they are received. If further review is required, the processing time may be lengthened.

The fee for endorsement for the foreign educated nurse is \$125.00 (endorsement \$85.00, educational equivalence evaluation \$40.00) in the form of a personal check, cashiers check, or money order (add \$10.00 if you request a temporary license). Checks may be payable to the Oklahoma Board of Nursing. All fees are nonrefundable.

Your *Application for Licensure by Endorsement* is valid for one year from the date it is received in the Board office. All requirements must be met within that year; otherwise, a new application, photograph, and fee must be submitted.

If you are an Advanced Practice Registered Nurse (Certified Nurse Practitioner-CNP; Clinical Nurse Specialist-CNS; Certified Nurse Midwife-CNM; or Certified Registered Nurse Anesthetist-CRNA), **you may not practice in Oklahoma as an Advanced Practice Registered Nurse until you have a current Oklahoma license to practice registered nursing and a license to practice as an Advanced Practice Registered Nurse.** To obtain an application for licensure as an Advanced Practice Registered Nurse you may access the Board website: www.ok.gov/nursing, and click on “Forms”.

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 legal name (with the notation “NMN” if there is no middle name)**
- **Failing to provide license or certificate numbers for all licenses held**
- **Failing to request that all required CGFNS documentation be submitted directly to the Board office by CGFNS**
- **Failing to request that current, official English language test scores be submitted directly to the Board office by the testing service, if English language testing is required**
- **Failing to submit a name based, violent offender, and sex offender *Criminal History Records Search* conducted by the Oklahoma State Bureau of Investigation within the 90 days prior to receipt of the application in the Board office**
- **Failing to request the *Employment Verification Form* be submitted directly from your employer to verify 520 hours work experience in the past two years**
- **Failing to sign and date the photograph, or signing illegibly**
- **Failing to sign the application with the full legal name, or signing illegibly**
- **Failing to submit an *Evidence of Status* form and supporting documentation**
- **Failing to provide a complete description and documentation regarding a 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 LICENSURE BY ENDORSEMENT
FOR NURSES EDUCATED OUTSIDE THE UNITED STATES***

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

I hereby make application for licensure as a Registered Nurse/Licensed Practical Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. §567.1 – 567.17).

SECTION I: APPLICANT INFORMATION

Type of license requested: RN _____ LPN _____ Temporary License Requested? Y _____ N _____

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.

My full legal name is _____
First Middle Maiden (If applicable) Last

Name to appear on license: (3 Full Names) _____
First Middle or Maiden Last

My mailing address is: _____
Box number or Street Address

_____ City State Zip

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

Email Address _____

SECTION II: EDUCATION

High School (H.S.) Name _____ Location _____

Date of H.S. diploma _____ or Date of GED _____

Name and location of nursing education program from which you graduated

_____ School Name

_____ Campus location

Type of Program: PN _____ Associate Degree _____ Diploma _____ Bachelor's Degree _____ Other _____

Date you entered program _____ Date you completed program _____
Mo/Yr Mo/Yr

SECTION III: PERSONAL INFORMATION

Gender and Ethnicity: The Oklahoma Board of Nursing publishes data related to characteristics of the nurse population. This data is used by individual researchers, and by state and national organizations, for purposes of assessing diversity within the profession. For that reason, we ask the following questions by checking the gender and race/ethnicity categories that best describe you. **This information is voluntary. You may choose not to answer the questions by checking "Choose not to answer".**

Gender

Race/Ethnicity

Choose not to answer	_____	Choose not to answer	_____
Male	_____	White	_____
Female	_____	Black or African American	_____
		American Indian and Alaska Native	_____
		Asian	_____
		Native Hawaiian and Other Pacific Islander	_____
		Hispanic or Latino of any race	_____
		Some other race/ethnicity	_____
		Please specify: _____	
		Two or more of the above races/ethnicities	_____
		Please specify with which race you most closely identify: _____	

SECTION IV: LICENSURE/CERTIFICATION HISTORY

Country of original licensure _____ Original license number _____

Have you ever been licensed in Oklahoma? Yes _____ No _____
 If yes, check type of license held: RN _____ LPN _____

List all other states/countries in which you are or have been previously licensed (attach an additional page if needed):

State/Country: _____ Lic/Cert #: _____ State/Country: _____ Lic/Cert #: _____

State/Country: _____ Lic/Cert #: _____ State/Country: _____ Lic/Cert #: _____

List other last names under which you have been licensed: _____

SECTION V: EMPLOYMENT INFORMATION

Please provide contact information for your current or most recent employer.

Employer's name _____

Employer's street address _____ City/State/Zip _____

Position Title _____ Start Date _____ Last Date Worked _____

Are you currently practicing as an RN/LPN in Oklahoma? Yes _____ No _____

If yes, please provide name and address of employer: _____

SECTION VI: VERIFICATION OF CONTINUING QUALIFICATIONS FOR PRACTICE

I verify that I have maintained continued qualifications for practice through completion of one or more of the following (Check all of the following that apply. You must submit the requested documentation in order for your application to be considered.):

- _____ I have completed a refresher course within the last two years with content consistent with Board Policy. **(Please request that the institution offering the Oklahoma Board of Nursing approved refresher course submit an official transcript or certificate of completion directly to the Board office).**

- _____ I want to take the National Council Licensure Examination (NCLEX). Please send me a registration form. I understand that my application will not be processed until the examination is successfully passed.

- _____ I have completed at least seven (7) academic semester credit hours (or 105 contact hours, for LPNs enrolled in practical nursing) of nursing courses within the last two years that include the classroom and clinical instruction. **(Please request that the education institution submit an official transcript directly to the Board office).**

- _____ I am licensed in another state and have been employed in that state in a position requiring nursing licensure for a minimum of 520 work hours in the past two years. **(Please request that an *Employment Verification Form* be completed by your employer and submitted directly to the Board office.)**

- _____ I have taken the NCLEX examination within the last two years. I understand that Oklahoma requires completion of the nursing education program within two years of initial application for licensure by examination or at least six months work experience in the state of original licensure. **(If you took the NCLEX examination within the last two years, please request that either an official transcript be submitted from your nursing education program or an *Employment Verification Form* be completed and submitted directly to the Board office by your employer.)**

SECTION VII: CITIZENSHIP STATUS

Please check one of the following:

- _____ **I am a U.S. citizen.**
An Evidence of Status form and documentation as identified on the form must be submitted in order for the application to be complete.

- _____ **I am a U.S. national.**
An Evidence of Status form and documentation as identified on the form must be submitted in order for the application to be complete.

- _____ **I am a legal permanent resident alien.**
An Evidence of Status form and documentation as identified on the form must be submitted in order for the application to be complete.

- _____ **I am a qualified alien.**
Please bring the Evidence of Status form, original unexpired documentation of alien status, and your completed application to the Board office.

SECTION IX: PHOTOGRAPH

**TAPE 2" X 2"
PHOTO HERE**

**SIGN AND
DATE PHOTO
PLEASE!**

Photograph must meet the following guidelines:

- **Personal camera snapshots, booth-type or photocopies of photos are NOT acceptable.**
- **Signed and dated on the front. Do not sign across the face.**
- Black and white or color. Semi-matte or glossy finish.
- Neutral background without shadows.
- Size 2" x 2" with minimum 1" full face view without glasses; eyes should be clearly visible.

SECTION X: 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. An original 2" x 2" photograph with my signature and the date must be taped to the application. I understand that I must attach a cashier's check or money order for \$85.00 to my application form prior to submission.
- _____ I understand that I must attach an original Criminal History Records Search completed by the OSBI within the last 90 days prior to receipt of my application in the Board office.
- _____ 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. 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 my employer must submit an *Employment Verification Form* and a job description directly to the Oklahoma Board of Nursing or that the educational program providing the required refresher course or educational hours must submit an official transcript/or certificate of completion. If not, I must verify I have completed the NCLEX within the last 2 years or have requested a registration form on the application.
- _____ I understand that if I've taken the NCLEX within the past two years and completed my nursing education greater than two years prior to taking the NCLEX, my employer must submit verification that I have at least six months work experience as a licensed nurse.
- _____ I understand that I must request that CGFNS submit a *Health Profession and Science Course-by-Course Report* or a *Verification of CGFNS Certificate Letter and Forwarding Professional Education & Professional Registration/Licensure* form directly to the Board office.
- _____ I understand that I must complete English language competency testing and request that an official copy of the test scores be submitted directly to the Board office by the testing service, unless I am exempt from English language testing.
- _____ I understand that, if I am licensed in another U.S. state or territory, I must request that my original state of licensure provide a verification of my license status and completion of the licensure examination.

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 or recognition.

Signature of Applicant:

Print full legal name in the space below:

FIRST

MIDDLE

LAST

DATE

OKLAHOMA BOARD OF NURSING
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

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: _____