

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

**INSTRUCTIONS AND APPLICATION FOR  
LICENSURE BY ENDORSEMENT  
OF NURSES EDUCATED IN THE UNITED STATES**

*Application Fee = \$85.00*

*If a temporary license is requested – Add \$10.00*

**Use this application if you:**

- **Are licensed in another state or U.S. territory that is a member board jurisdiction of National Council of State Boards of Nursing; and**
- **Were educated in a nursing program approved by a member board jurisdiction in the United States or U.S. Territory; 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.

**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 board-approved program of registered or practical nursing:** You must be a graduate of a board-approved program of registered or practical nursing, as verified by the board where you were originally licensed. The program must be located in a state or U.S. territory that is a member of National Council of State Boards of Nursing. An evaluation of educational requirements may be completed to ensure you meet educational standards. A Licensed Practical Nurse may be considered for licensure in Oklahoma if he/she completed equivalent courses in a registered nursing 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)

Graduates of Excelsior College and other non-traditional programs are encouraged to contact the Oklahoma Board of Nursing prior to submitting an application for licensure by endorsement.

**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 from the original state of licensure:** A verification of licensure status, graduation from an approved nursing education program and degree received, and completion of the licensing examination must be submitted by your original state of licensure. If education information is not provided by the state, an official transcript will be required. To avoid delays, you may request that an official transcript be sent directly to the Board office. If disciplinary action has been taken, approval of the Board may be required.

**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](http://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 provide verification through an *Employment Verification Form* of at least six months work experience in the state of original licensure.

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

**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](http://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 “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status (Part A)* form. 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 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. **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/](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 current photograph taken within the last two years. **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 signed and dated on the front of the photograph in the border at the bottom, side, or top. **DO NOT SIGN ACROSS THE 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 endorsement fee of \$85.00 (cashiers 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. **Temporary License:** To request a temporary license which is valid for 90 days, check “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, completion of a board-approved nursing education program meeting the educational standards established by the Oklahoma Board of Nursing and degree received, and passing the licensure examination, received from your original state of licensure
  - Receipt of an *Evidence of Status* form and notarized appropriate documentationA 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.
  
8. **Name Change:** If your current license is not in your present name, submit a copy of a legal document indicating the change of name (such as a certified copy of a marriage license, divorce decree, or court order).
  
9. **Interstate Verification:** Verification of licensure status, completion of a board-approved nursing program and degree received, and completion of the licensure examination from your original state of licensure are required. 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](http://www.nursys.com) for information on the procedure and 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](http://www.nursys.com). The states from which licensure can be requested via Nursys are listed on their website.

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. If your state does not verify your nursing education, we will request that an official transcript be submitted.

10. **Verification of continuing qualifications for practice:** If you 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 licensed nurse for at least 520 hours in the last two years prior to applying 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](http://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 then be mailed to you.

If you took the NCLEX within the last two years, your state of original licensure must provide evidence that you graduated from your nursing education program within the two years prior to taking the NCLEX. Otherwise, you must provide evidence of at least six months of work experience as a licensed nurse.

## 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. This requirement does not apply to nurses practicing in certain federal facilities (contact the federal facility regarding their requirements for licensure.) **You must obtain a temporary/permanent license before orienting or working in a position requiring a nursing license.** Issuance of a temporary license does not guarantee you will qualify for permanent licensure in Oklahoma.

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

The fee for endorsement is \$85.00 in the form of a personal check, cashier's check or money order (add \$10.00 if you request a temporary license). Checks may be made payable to the Oklahoma Board of Nursing. All fees are non-refundable.

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.

Registered Nurse licenses expire the last day of the licensee's birth month in even-numbered odd-numbered years following the date of issuance. **Fees are not pro-rated and are non-refundable.**

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](http://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 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 answer all application questions completely**
- **Failing to sign and date the photograph, or signing illegibly**
- **Failing to sign the application with the full legal name in the presence of a Notary Public, or signing illegibly**
- **Failing to submit an *Evidence of Status* form and supporting documentation**
- **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 LICENSURE BY ENDORSEMENT  
FOR NURSES EDUCATED IN 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 \_\_\_\_\_  
MM DD YYYY

**This information is mandatory, pursuant to 56 O.S. § 240.21A,  
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**

State 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.**
- Neutral clothing; light colored clothing;
- **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.
- \_\_\_\_\_ 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 certified copies of court records or the Board order.
- \_\_\_\_\_ I understand that I must request that my original state of licensure provide a verification of my license status, education, and completion of the licensure examination to the Oklahoma Board of Nursing.
- \_\_\_\_\_ 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.

**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.

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 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 (RefugeeTravel Document).

**Alien Paroled Into the U.S. for at 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)”;
- 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**

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- \_\_\_\_\_ 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 \_\_\_\_\_

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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: \_\_\_\_\_