

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
LICENSURE BY ENDORSEMENT
FOR 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

Verification of citizenship status: New legislation takes effect November 1, 2007, requiring 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. Practical nurses may be considered for licensure in Oklahoma if they completed equivalent courses in a registered nursing program. Some military medics may also be eligible. Please contact the Board office for further information. 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 (no psychiatric clinical experience is required for licensed practical nurses)

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, a 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); 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); or have met the criteria for an Adult High School Diploma.

Review of criminal history: All applicants for Oklahoma licensure must submit an original copy of a criminal history record search conducted by the Oklahoma State Bureau of Investigation (OSBI) no more than three (3) months prior to submission of the application.

In addition to the criminal history record search, applicants for licensure who have ever been arrested for or convicted of any offense, including a deferred sentence or expunged offense; **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.**

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. ***Completion of Application:*** Complete the application and affidavit accurately typed or in black 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 white-out on the application.** You may complete the application form online on our website: www.ok.nursing. When you are finished entering your information, print the completed application form, attach your signed and dated photograph, and take the application to a Notary Public. You must sign the application LEGIBLY in the presence of a Notary Public.
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. ***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 signed and dated letter, 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 arrest, conviction, or a deferred sentence, you must submit **certified copies of the Information Sheet** (a brief summary of the incident prepared by the court), **Charges** (a listing of the charges brought against you), **Judgment and Sentencing** (findings of the court and sentence imposed), **and verification that sentencing requirements are complete.** Certified copies are copies of court records obtained from the courthouse in the county/state where the action occurred, dated and signed by the court clerk, and affixed with the court seal. If the offense has been expunged, please submit a certified copy of the Order of Expungement. You may obtain these documents from the courthouse in the county 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 for licensure, fee, and a copy of your OSBI criminal history record search.

4. ***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.**

5. **Criminal History Search:** All applicants for initial licensure in Oklahoma must submit an original copy of a 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 a sex offender check. The results of the criminal history record must be submitted to the Oklahoma Board of Nursing by the applicant, and must accompany the application for licensure. To obtain a copy of the criminal history record, you must submit a Criminal History Information Request form (form #CHRD01) 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, 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.osbi.state.ok.us>. **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 all personal data is completed, including but not limited to all names used and Social Security number. 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.

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 the box 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 and degree received, and passing the licensure examination from your original state of 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.)

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 is 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 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. 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. 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 years. Licensed practical nurse licensure expires on the last day of licensee's birth month in odd-numbered years following the date of issuance. **Fees are not pro-rated and are non-refundable.**

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

Common Mistakes That Delay Application Processing

- **Leaving application questions incomplete or unanswered**
- **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 *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**

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

(405) 962-1800

***APPLICATION FOR LICENSURE BY ENDORSEMENT
FOR APPLICANTS EDUCATED IN THE UNITED STATES***

TYPE OR PRINT IN BLACK INK ONLY

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

RN LPN Temporary License Requested: Yes No

Female Male Advanced Practice Nurse: Yes No

Social Security # _____ - _____ - _____

(ARNPs, CNMs, CNSs, and CRNAs must submit an Application for Advanced Practice Recognition in addition to the endorsement application).

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

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

Mailing Address is: _____
Box number or Street Address

_____ (_____) _____
City State Zip Telephone Number

Email address _____ Place of Birth _____ Birth Date ____ ____ ____
mm dd yyyy

SECTION II: EDUCATION

High School Name _____ Location _____

Date of high school graduation _____ or Date of GED _____

Name of nursing education program from which you graduated _____
School Name

Campus Location _____

Type of Program: LPN Associate Degree Diploma Bachelor's Degree Other

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

SECTION III: LICENSURE HISTORY

State/Country of Original licensure _____ Original License No. _____

Have you ever been licensed in Oklahoma? Yes No (If yes, check one) RN LPN

List all other states in which you are licensed: State ____ Number _____ State ____ Number _____

State ____ Number _____ State ____ Number _____ State ____ Number _____

List other last names under which you have been licensed _____

SECTION IV: EMPLOYMENT AND CONTINUED QUALIFICATIONS

List name and address of last nursing employer, your position, title, and dates of employment

Name of Employer

Address

Position Title

Inclusive Dates of Employment

Are you currently practicing as an RN/LPN in Oklahoma?

Yes

No

If yes, give name and address of employer: _____

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.)**
- 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 which include classroom and clinical instruction. **(Please request that the education institution submit an official transcript to the Oklahoma Board of Nursing.)**
- 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 V: PHOTOGRAPH

TAPE 2" X 2"

**SIGN AND
DATE PHOTO
PLEASE!**

Photograph must meet the following guidelines:

- Size 2" x 2" with minimum 1" full face view without glasses;
- Neutral background; light colored clothing;
- **Signed and dated on the front. Do not sign across the face.**

SECTION VI: 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 VII: HISTORY OF ARREST, DISCIPLINARY ACTION, OR MENTAL INCOMPETENCE

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Have you ever been arrested for any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations? (Minor traffic violations do not include DUI.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever been convicted of a felony in any state, territory, or country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have you ever had disciplinary action taken against your nursing license, recognition, or certificate; any health-related license, recognition, or certificate; or any application for a nursing or health-related license, recognition, or certificate in any state, territory or country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Have you ever been judicially declared incompetent in any state, territory, or country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If any answer to any question #1 through #4 is yes, please submit a letter of description and certified copies of the Information Sheet, Charges, Judgment and Sentence, or a certified copy of the Order of Expungement. If you answered yes to question #5, please submit a letter of description and certified copies of the charges/complaints, findings of fact, and orders of the Board. If you answered yes to question #6, please submit a letter of description and a certified copy of the Court Order.

OKLAHOMA BOARD OF NURSING

2915 North Classen Blvd., Suite 524

Oklahoma City, Oklahoma 73106

(405) 962-1800

OKLAHOMA INTERSTATE VERIFICATION FORM

TO BE COMPLETED BY APPLICANT AND MAILED TO ORIGINAL STATE OF LICENSURE:

Name: _____
 First Middle Maiden Married

Mailing Address _____
 Street Address/Box Number City State/Zip Code

Social Security Number: _____ RN _____ LPN _____

I, _____, hereby authorize the _____ Board of Nursing
(signature of licensee) (State/Country of original licensure)
to complete the verification form below. My records are under the name of _____
and license/certificate number _____.

TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE/COUNTRY OF ORIGINAL LICENSURE ONLY:

This is to certify that the above name was issued certificate/license number _____

To practice: Registered Nursing _____ Date of issuance: _____
 Practical Nursing _____

Licensed by: Examination _____ Current licensure status: Active _____
 Endorsement _____ Inactive _____
 Waiver _____ Lapsed _____

Date license expires _____ Other _____

Has this license ever been revoked, suspended, surrendered, restricted, placed on probation, reprimanded, otherwise disciplined, or currently under investigation? Yes _____ No _____. If yes, please provide information.

SBTE/NCLEX RESULTS

	Med.	Surg.	Obs.	Nsg.Ch.	Psy.	NCLEX
Score	_____	_____	_____	_____	_____	_____
Series	_____	_____	_____	_____	_____	_____
Date of Exam	_____	_____	_____	_____	_____	_____

How many times did the individual take the exam? _____

Name and location of nursing program: _____

Type of Program (Check one) _____ PN _____ ADN _____ Diploma _____ BSN _____ Other

Was school state-approved? Yes _____ No _____ Year of Graduation: _____

All information above is true and accurate to the best of my knowledge:

Signature _____ State _____

Title _____ Date _____

(BOARD SEAL)

OKLAHOMA BOARD OF NURSING

2915 N. Classen Boulevard, Suite 524

Oklahoma City, Oklahoma 73106

Telephone: (405) 962-1800

DATE: _____

Type of Application: ENDORSEMENT

NAME OF NURSE: _____

EMPLOYMENT VERIFICATION FORM

Please authorize your immediate nursing supervisor or the director of nursing to complete this form and return it directly to the Board office by mail as soon as possible. After this information has been received in the Board office, your application will again be reviewed. **Please note that the applicant may not complete any part of this form except his/her name:**

1. Name of Employer: _____

2. Address of Employer: _____

3. Title of Position(s) Held by Employee:

Position Title Date Hired Last Date in Position

Position Title Date Hired Last Date in Position

Position Title Date Hired Last Date in Position

4. Last Date Worked in a Licensed Position: _____

5. Current Employment Status (i.e.: currently working, suspended, on leave, terminated, etc): _____

6. Date Employee's License Card Last Viewed or Licensure Status Verified Online: _____

7. **Attach job description for all position(s) held.**

I certify that this nurse has worked 520 hours or more **in a position requiring a nursing license** in the past two years immediately prior to the date of completion of this form. (Check one)

_____ Yes

_____ No (If no, please indicate the number of hours worked: _____Hours)

The Oklahoma Nursing Practice Act (Oklahoma Statutes 59 O.S. § 567.1 et seq.) requires that any person who represents himself/herself as a registered nurse or licensed practical nurse in this state must have a current Oklahoma license to practice registered nursing or licensed practical nursing. Continued employment in nursing (including orientation to a position that requires a nursing license) without a valid nursing license is considered in violation of the provisions of the Oklahoma Nursing Practice Act and may subject the person to disciplinary action.

I have read the above statement. I certify that the statements contained herein are true and correct.

Signed: _____

Title: _____

Name of Institution: _____

Address of Institution: _____

Telephone Number: _____

Date this information was completed: _____

EVIDENCE OF STATUS FORM

GENERAL INFORMATION

New legislation takes effect November 1, 2007, requiring 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, *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/certification 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/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 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.

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

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

(SEAL)

Notary Public

Commission Number: _____

My Commission Expires: _____

EVIDENCE OF STATUS FORM: PART B

Type or Print Clearly – Please use black 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 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

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

Subscribed and sworn before me this day of , 20.

Notary Signature

(SEAL)

Commission Number:

My Commission Expires: