



Oklahoma Board of Nursing
 2915 N. Classen Blvd., Ste. 524
 Oklahoma City, OK 73106

CERTIFICATE FOR INCORPORATION REQUEST

This is a request for a Certificate of Licensure in Good Standing for Incorporation for the following nurse:

Name of Licensee _____ Social Security No. _____ License No. _____ Advanced Practice Credential _____

Mailing Address _____ City _____ State _____ Zip _____ Phone Number _____

Name of Professional Entity _____

You must disclose the following information for all Prospective Owner(s) and Manager(s) of the Entity:
 (attach additional entries on a separate sheet)

Full Name of Prospective Owner/Manager _____ Full Name of Prospective Owner/Manager _____

Title of Prospective Owner/Manager _____ Title of Prospective Owner/Manager _____

Prospective Owner/Manager Licensure Type _____ Licensure No. _____ Prospective Owner/Manager Licensure Type _____ Licensure No. _____

Prospective Owner/Manager Address _____ Prospective Owner/Manager Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

I CERTIFY THAT I AM THE LICENSEE LISTED ABOVE AND THAT THE STATEMENTS CONTAINED HEREON AND ATTACHED HERETO ARE TRUE AND CORRECT.

Signature of Licensee: _____
First Middle Maiden Married

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

Notary Public _____ Commission No. _____ Commission Expiration _____

(SEAL)

This affidavit must be accompanied by a non-refundable fee of \$15.00