

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

Please type or print legibly in black ink. Correction fluid may not be used on this form.

**REQUEST TO PLACE LICENSE, CERTIFICATE, OR  
RECOGNITION ON INACTIVE STATUS**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Maiden (if applicable)                                    Last

Address: \_\_\_\_\_  
  Current Mailing Address

\_\_\_\_\_  
City                                    State                                    Zip Code                                    Telephone Number

Please indicate with a checkmark(s), which of the following you request to place on inactive status:

- RN License # \_\_\_\_\_ (Please insert license number)  
 LPN License # \_\_\_\_\_ (Please insert license number)  
 AUA Certificate # \_\_\_\_\_ (Please insert certificate number)  
 APRN-CNP License- Specify certification: \_\_\_\_\_  
 APRN-CNM License  
 APRN-CNS License- Specify certification: \_\_\_\_\_  
 APRN-CRNA License  
 Prescriptive Authority Recognition

- If you have more than one APRN license, please specify which ones to place on "inactive" status.
- Please note that advanced practice licensure and prescriptive authority recognition(s) will automatically be placed on inactive status if the RN license is placed on inactive status.

My current license expires on: \_\_\_\_\_

**Please check one of the following:**

I request my license, certificate and/or recognition(s) be placed on inactive status effective upon approval by the Oklahoma Board of Nursing.

I request my license, certificate and/or recognition(s) remain active until the expiration date in my current renewal period after which time, it will become inactive. (If you check this option, you may not submit this request more than 90 days before your expiration date.)

**Please answer each of the following questions.** Minor traffic violations (such as speeding tickets) do not have to be reported; however, please note that charges including, but not limited to, Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) are not considered minor traffic violations and **must** be reported to the Board.

1. Have you 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 have you been requested to appear before any prosecuting attorney or investigative agency in any matter; **not previously reported to the Oklahoma Board of Nursing?** (Include all such incidents no matter how minor the infraction; whether guilty or not.) Yes\_\_\_\_\_ No\_\_\_\_\_
  
2. Have you ever had disciplinary action taken against your nursing license, recognition, or certificate; and/or any health-related license, recognition, or certificate; and/or any application for a nursing or health-related license, recognition, or certificate in any state, territory or country, **not previously reported in writing to the Oklahoma Board of Nursing?** Yes\_\_\_\_\_ No\_\_\_\_\_
  
3. Is there currently any investigation of your nursing license, recognition, or certificate; and/or any health-related license, recognition, or certificate; and/or any application for a nursing or health-related license, recognition, or certificate in another state, territory, or country, **not previously reported in writing to the Oklahoma Board of Nursing?** Yes\_\_\_\_\_ No\_\_\_\_\_
  
4. Have you ever been judicially declared incompetent in any state, territory, or country; **not previously reported to the Oklahoma Board of Nursing?** Yes\_\_\_\_\_ No\_\_\_\_\_

I understand that if I place my license, certificate, or recognition on the inactive list, I will not receive a renewal notice or any other routine correspondence/notices from the Board. I will not be permitted to represent myself or practice as a licensed nurse, APRN, or AUA in Oklahoma until I return the appropriate license, certificate, or recognition to active status and pay the current fee. **I understand that in order to return my license, certificate, or recognition to active status, I must meet the requirements established by the Board for continuing qualifications for practice in effect at the time of my application to return my license, certificate, or recognition to active status.** (Please refer to the *Oklahoma Nursing Practice Act* and *Rules* to review requirements for return to active status. The requirements may include completion of a refresher course, retaking the licensure or certification examination, or a return to a nursing education program. These requirements are subject to change).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date