

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

## RE-WRITING THE LICENSURE EXAMINATION INSTRUCTIONS AND APPLICATION

**APPLICATION FEE - \$85.00**

Use this application if you:

- Are not licensed at the same level in another state, U.S. territory, or country; 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
- Have previously taken the licensure examination for licensure in Oklahoma and were unsuccessful.

The *Re-write Application for Licensure by Examination* form is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION. In addition to completing the application form, you will need to complete an NCLEX registration form, which may be found in the *NCLEX Examination Candidate Bulletin*. An *NCLEX Examination Candidate Bulletin* may be obtained from the testing service website: [www.vue.com/nclex](http://www.vue.com/nclex).

## REQUIREMENTS FOR LICENSURE IN OKLAHOMA

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

**Verification of citizenship status:** State law requires the Board of Nursing to issue a license only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present, *in person*, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
2. A pending or approved application for asylum in the U.S.;
3. Admission into the U.S. in refugee status;
4. A pending or approved application for temporary protected status in the U.S.;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will only be eligible to receive a license card that is valid for the time period of their authorized stay in the U.S., or if there is no date of end to the time

period of their authorized stay, for one year. The license card is required to indicate that it is temporary. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

**Graduation from a government-approved program of registered or practical nursing:** You must be a graduate of a government-approved program of registered or practical nursing. An official transcript from the nursing education program must be submitted directly from the nursing education program. The nursing education program you attended **must have included theory and clinical experience in the following areas:**

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

**Completion of the licensure examination:** Once all other requirements for licensure have been met, you will be made eligible to take the NCLEX-RN or NCLEX-PN licensure examination. In order to be made eligible, you must have registered with the testing service.

**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.

## 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, 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 previously applied prior to November 1, 2007, and did not complete an *Evidence of Status Form*, you must complete this form with this application. If you previously submitted an *Evidence of Status Form*, you will not need to submit it again with this 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 and sex offender 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 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 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. PLEASE NOTE THAT IF YOU HAVE PREVIOUSLY REPORTED THE ARREST/ACTION ON YOUR INITIAL APPLICATION FOR LICENSURE BY EXAMINATION (AT THE SAME LEVEL), IT IS NOT NECESSARY TO REPORT THE SAME ARREST/ACTION AGAIN.**

5. **Photograph:** If your original application for licensure was submitted more than five years ago, please attach a signed and dated photograph taken within the last two years in the indicated space with scotch tape (DO NOT STAPLE). **Photographs must meet the following criteria:**
  - A. **SIZE:** 2" X 2"
  - B. **FACE SIZE:** 1" minimum or 1 ½" maximum, excluding hair, from the scalp line to the bottom of the chin. Full face view - **WITHOUT GLASSES**. Eyes should be clearly visible.
  - C. **BACKGROUND:** Neutral background without shadows.
  - D. **FINISH:** Black and white or color. Semi-matte or glossy finish.
  - E. **SIGNATURE:** Photograph must be legibly signed and dated in the border at the bottom, side, or top. **DO NOT SIGN ACROSS YOUR FACE.**
  - F. **Personal camera snapshots, booth-type, or photocopies of photos are not acceptable.**
  
6. **Fee:** Attach to your application a money order, certified check or cashier's check in the amount of \$85.00 payable to the Oklahoma Board of Nursing. **Personal checks will not be accepted.** If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review.

## NCLEX REGISTRATION

The National Council Licensure Examination (NCLEX) is administered by Pearson VUE and delivered through Pearson Professional Centers. In order to be eligible to take the examination, you must register with Pearson VUE, in addition to submitting an application to the Oklahoma Board of Nursing. You may obtain a copy of the registration form from the testing service website: [www.vue.com/nclex](http://www.vue.com/nclex).

To register for the examination, complete the registration form according to instructions. Include a money order, certified check, or cashier's check for \$200.00 payable to NCSBN. **To expedite the process, you may register with a credit card by telephone at 866-496-2539, or online at: [www.vue.com/nclex](http://www.vue.com/nclex).** Please see the candidate bulletin for details. When registering, we

recommend that you provide the testing service your email address, in order to receive your Authorization to Test faster.

## GENERAL INFORMATION

**You must be registered with Pearson VUE to receive an Authorization to Test letter (ATT), which is issued by Pearson VUE after your application has been approved by the Oklahoma Board of Nursing.** Once you are registered with NCLEX, your NCLEX registration will remain effective for one year, awaiting the approval of the Board, or until you are approved and take the examination, whichever comes first. After the Board approves your registration and you have received your ATT, you have 90 days to schedule and take the examination. We recommend that you schedule an appointment **immediately** upon receiving the ATT to ensure that you are able to get your choice of dates and times. You must take the examination within 90 days from the date the ATT was issued or you will forfeit your fee and have to re-register. You may not schedule an appointment until you have received the ATT from NCLEX. Instructions for scheduling an appointment and information regarding test center locations are included with the ATT letter. Please note that you must take the ATT letter and a current I.D. with a signature and photograph to the testing center. Please review the *NCLEX Candidate Bulletin* for information on the types of identification that are acceptable.

Test results will not be provided over the telephone by the Oklahoma Board of Nursing. To obtain your unofficial test results before they are mailed to you, you may contact the NCLEX Quick Results line at 1-900-776-2539.

You are required to notify the Board in writing of any address changes occurring during the registration and testing process. This notification must be signed and submitted in person, by mail, or by facsimile.

Your application to the Board for licensure is valid for one year after receipt. After that time, a new application and fee must be submitted. If you take and fail the examination, another rewrite application and fee must be submitted. Please allow 14 days processing time from the date of receipt of your completed application in the Board office. Applications are processed in the order they are received.

Repeated telephone calls will delay, rather than facilitate, the processing of your application. Please avoid calling the Board office to check on the status of your application until at least 14 days have passed since the date of receipt of your completed application and transcript in the Board office. **Fees submitted are not refundable.**

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.

## **INFORMATION ON TIME LIMIT AFTER GRADUATION TO TAKE AND PASS THE NCLEX**

All applicants for licensure by examination must submit a completed application, transcript, and fee to the Board and a completed registration form and fee to the authorized testing service **within two years of completion of the nursing education program**. If more than two years has elapsed, the applicant must complete additional education as follows:

- 1) Successfully complete nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate education level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting; **or**
- 2) Successfully complete a Board-approved refresher course in accordance with the Board's policy.

After completion of the required additional education, the applicant will have two additional years to take and pass the NCLEX examination [OAC 485:10-7-1 (e) and 485:10-9-1 (e)].

If it has been more than two years since you graduated from your nursing education program, you must submit evidence of either completing a Board-approved refresher course or coursework/clinical experience in a nursing education program, as outlined above. The following evidence will be accepted:

- a) An official transcript from an educational institution offering a board-approved nursing education program at the same educational level as the program you originally completed, documenting at least 80 contact hours of theory/skills laboratory coursework and 80 contact hours in clinical coursework. Credit hours will be converted to contact hours using the following ratios: 15 contact hours per credit hour for theory, 30 contact hours per credit hour for skills laboratory, and 45 contact hours per credit hour for clinical coursework.
- b) An official transcript or original copy of a certificate of completion identifying successful completion from a Board-approved refresher course.

A list of nursing education programs and refresher courses approved by the Oklahoma Board of Nursing is available on our website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Click on the link for "Education". If you wish to obtain the additional education in another state, the nursing education program must be approved by the board of nursing in that state. Refresher course must meet requirements identified in the *Refresher Course Policy* of the Oklahoma Board of Nursing and the refresher course must be approved by the Oklahoma Board of Nursing. You may access the *Refresher Course Policy* and a list of approved refresher courses on our website.

## **COMMON MISTAKES THAT DELAY APPLICATION PROCESSING**

- **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**
- **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 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**
- **Not registering with the testing service for the examination**
- **Failing to provide a Social Security number to the testing service**
- **Failing to provide a complete description and documentation regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence**

**OKLAHOMA BOARD OF NURSING**

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***REWRITE APPLICATION FOR LICENSURE BY EXAMINATION***

**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 \_\_\_\_\_

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**

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 VII: 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.
- \_\_\_\_\_ I understand that I must attach a cashier's check or money order for \$85.00 to my application form prior to submission.
- \_\_\_\_\_ I understand that I must attach an original Criminal History Records Search completed by the OSBI within the last 90 days prior to receipt of my application in the Board office.
- \_\_\_\_\_ I understand that if I am a U.S. citizen, national, or permanent legal resident alien, I must attach an *Evidence of Status Form* and a photocopy of supporting documentation. If I am a qualified alien, I must bring an *Evidence of Status Form* and original copy of supporting documentation to the Board office.
- \_\_\_\_\_ I understand that if I've completed my nursing education greater than two years prior to submitting this application, I must request that an original transcript or approved refresher course certificate be submitted to verify my additional required education.
- \_\_\_\_\_ I understand that if I answer "yes" to any question on criminal charges, disciplinary action, or judicial declaration of incompetence, I must attach certified copies of court records or the Board order.

**AFFIDAVIT**

**Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate "NMN".**

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

**Signature of Applicant:**

\_\_\_\_\_

**Print full legal name in the space below:**

\_\_\_\_\_

**FIRST**

**MIDDLE**

**LAST**

\_\_\_\_\_

**DATE**

**INFORMATION TO BE ADDED TO APPLICATION**

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME ON APPLICATION \_\_\_\_\_

TYPE OF APPLICATION ON FILE (Please check one):

- \_\_\_\_\_ Application or Rewrite Application for Licensure by Examination
- \_\_\_\_\_ Application for Licensure by Endorsement
- \_\_\_\_\_ Application for Reinstatement of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

------(DETACH HERE)-----

**INFORMATION TO BE ADDED TO APPLICATION**

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME ON APPLICATION \_\_\_\_\_

TYPE OF APPLICATION ON FILE (Please check one):

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- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

------(DETACH HERE)-----

**INFORMATION TO BE ADDED TO APPLICATION**

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME ON APPLICATION \_\_\_\_\_

TYPE OF APPLICATION ON FILE (Please check one):

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- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

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**EVIDENCE OF STATUS FORM**

**GENERAL INFORMATION**

State law requires the Board of Nursing to issue a license or certificate only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present to the agency, *in person*, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
2. A pending or approved application for asylum in the U.S.;
3. Admission into the U.S. in refugee status;
4. A pending or approved application for temporary protected status in the U.S.;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will be eligible to receive a license/certification card that is valid only for the time period of their authorized stay in the U.S., or, if there is no end date to the time period of their authorized stay, for one year. The license/certification card is required to indicate that it is temporary. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

In order to verify citizenship or qualified alien status, applicants for nursing licensure by endorsement or examination, for certification as an advanced unlicensed assistant, or for reinstatement/return to active status of their license or certificate, must submit an *Evidence of Status Form* and the required supporting documentation with their application.

**INSTRUCTIONS FOR COMPLETION OF THE FORM**

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

**If you are a qualified alien, you must bring your completed application, Criminal History Records Search from the Oklahoma State Bureau of Investigation, and *Evidence of Status Form: Part B* to the Oklahoma Board of Nursing office, along with the original documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form.** At the Board office, a staff member will review your qualified alien status documentation and will make a notarized copy before your application will be accepted. If the application is mailed to the Board office, the application will not be processed until the applicant presents in person the original documentation of alien resident status.

**EVIDENCE OF STATUS FORM: PART A**

Type or Print Clearly – Please use black or blue ink only

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ License No.: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City State Zip Code Telephone Number (including area code)

I am submitting evidence of my status in order to apply for: **(CHECK ONE OF THE FOLLOWING)**  
 **Renewal**    **Reinstatement**    **License/Certificate by Examination**    **License by Endorsement**

**PRIMARY EVIDENCE OF CITIZENSHIP**  
**(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

**U.S. Citizen or U.S. National**

\_\_\_\_\_ **A birth certificate** showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;

\_\_\_\_\_ **United States passport** (except limited passports, which are issued for periods of less than five years);

\_\_\_\_\_ **Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens);

\_\_\_\_\_ **Certificate of birth (FS-545)** (issued by a foreign service post) or **Certification of Report of Birth (DS1350)** (issued by the Department of State), copies available from the Department of State;

\_\_\_\_\_ **Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed);

\_\_\_\_\_ **Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed);

\_\_\_\_\_ **United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);

\_\_\_\_\_ **Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

\_\_\_\_\_ **Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or

\_\_\_\_\_ **American Indian Card with a classification code “KIC” and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)

**Alien Lawfully Admitted for Permanent Residence:**

\_\_\_\_\_ **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or

\_\_\_\_\_ **Unexpired Temporary I-551 stamp** in foreign passport or on INS Form I-94.

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

\_\_\_\_\_  
Signature of Applicant (Do not sign until in the presence of the Notary Public)

\_\_\_\_\_  
Date

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified 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\_\_\_\_\_.

(SEAL)

Notary Public: \_\_\_\_\_  
Commission #: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

**EVIDENCE OF STATUS FORM: PART B**

Type or Print Clearly – Please use black or blue ink only

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ License No.: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Street Address or Post Office Box

City State Zip Code Telephone Number (including area code)

I am submitting evidence of my status in order to apply for: **(CHECK ONE OF THE FOLLOWING)**

**Renewal**    **Reinstatement**    **License/Certificate by Examination**    **License by Endorsement**

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”;
- 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”;
- 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 appeared personally before me and that I identified 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\_\_\_\_\_.

(SEAL) Notary Public: \_\_\_\_\_  
Commission #: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_