

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

**INSTRUCTIONS AND APPLICATION FOR  
REINSTATEMENT OR RETURN TO ACTIVE STATUS  
OF ADVANCED PRACTICE RECOGNITION**

*Application fee = \$80.00 for reinstatement of advanced practice recognition only  
\$155.00 for reinstatement of nursing license and advanced practice recognition*

**Use this application if:**

- You have been previously recognized as an advanced practice nurse in the same category with the same specialty certification in Oklahoma; and
- Your advanced practice recognition is currently lapsed, inactive, suspended, voluntarily surrendered, or revoked.

Persons employed in nursing without a valid Oklahoma license are hereby notified to cease practice immediately until a valid license has been obtained. **Employment in nursing without a valid license is considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.**

Persons employed as an Advanced Practice Nurse without current recognition from the Oklahoma Board of Nursing and current national certification are notified to cease practice as an Advanced Practice Nurse immediately until current recognition has been obtained. **Employment as an Advanced Practice Nurse without current recognition is considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.** Current certification by a national certifying body is required to maintain recognition as an Advanced Practice Nurse by the Oklahoma Board of Nursing.

**REQUIREMENTS FOR REINSTATING OR RETURNING YOUR  
ADVANCED PRACTICE RECOGNITION TO ACTIVE STATUS**

**Submission of an application and fee:** You must submit a completed application, using a current application form. **The application for reinstatement/return to active status must be approved within two years of the expiration date of recognition; otherwise, you must meet current requirements for initial advanced practice recognition.**

**Verification of current, national certification in an advanced practice specialty:** Current national certification in the specialty area at an advanced practice level which is recognized by the Board is required to receive advanced practice recognition. In order to change or add an area of specialty and national certification, you must meet initial requirements for advanced practice recognition, which requires submission of a new application.

**Verification of current Oklahoma licensure:** You must possess a current Oklahoma license to practice as a Registered Nurse.

**Review of criminal and licensure history:** Applicants for reinstatement/return to active status of advanced practice recognition 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 in writing, if the incident has not previously been reported in writing to the Board. Failure to report such action is a violation of the *Oklahoma Nursing Practice Act*.

## 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 **using your name as it appears on your license card**. If you have had a name change since your license has not been in an active status, you must submit a *Name Change Request Form* and the required supporting documentation with the application. You may obtain the *Name Change Request* form on our website, by clicking on the link to “Forms”.

**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.gov/nursing](http://www.ok.gov/nursing). When you are finished entering your information, print the completed application form and take the application to a Notary Public. You must sign the application LEGIBLY in the presence of a Notary Public, using your full legal name.

2. **Submission of fee:** Submit the application with the required fee (**\$80.00 total fee** = \$40.00 for renewal of recognition and \$40.00 processing fee for reinstatement or return to active status). The fee may be paid in the form of cash, a personal check, certified check or money order. If you are also reinstating your license, the fee for both is \$155.00.
3. **Submission of current national certification card:** Enclose a **notarized copy** of your current national certification/re-certification card from the national certifying body. (*Note to CRNA’s: ASSOCIATION MEMBERSHIP CARDS ARE NOT ACCEPTED.*) You may access the list of certifications approved by the Oklahoma Board of Nursing at [www.ok.gov/nursing/prac-natlcert.pdf](http://www.ok.gov/nursing/prac-natlcert.pdf). You must select the certification code from the list to include on your application. **Only one** certification code may be selected per application. **Please submit a legible notarized photocopy of your current national certification from the certifying body.** If you wish to change to a different certifying body **within the same specialty area**, please attach a letter of notification with the effective date of the change.
4. **Review of licensure status:** Before your advanced practice recognition can be reinstated or returned to active status, you must have a current RN license. In addition, you must have previously held advanced practice recognition in Oklahoma. If your Oklahoma registered nurse license has lapsed, you must request an *Application for Return to Active/Reinstatement* for your RN license and submit it with this application. If you have a name change, you must also submit a *Name Change Request*.

5. ***Reinstatement of Prescriptive Authority:*** If you hold prescriptive authority authorization, you must submit a separate *Reinstatement/Return to Active of Prescriptive Authority Application* with the fee for prescriptive authority authorization.
  
6. ***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 and fee,** unless you previously reported this arrest/disciplinary action in writing to the Oklahoma Board of Nursing.

## GENERAL INFORMATION

You are required to notify the Board in writing of any address changes occurring during the application 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. 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 in the Board office. **Fees submitted are not refundable.**

## **Common Mistakes That Delay Application Processing**

**Common mistakes that delay the processing of your application include failure to:**

- **Answer all application questions complete, or using white-out on the application**
- **Provide a Social Security number**
- **Provide the full name under which you were licensed (with the notation “NMN” if there is no middle name)**
- **Provide your RN license number**
- **Sign the application with the full legal name in the presence of a Notary Public, or signing illegibly**
- **Submit a current notarized national certification card in the area of your advanced practice specialty**
- **Submit required documentation for initial recognition if the reinstatement is received at the Board office more than two years from the expiration/inactive date**

**OKLAHOMA BOARD OF NURSING**

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

(405) 962-1800

***APPLICATION FOR REINSTATEMENT OR RETURN TO ACTIVE STATUS  
OF ADVANCED PRACTICE RECOGNITION***

**MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

I hereby make application to reinstate or return to active status my advanced practice recognition in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3a).

**SECTION I: APPLICANT INFORMATION**

ARNP     CNM     CRNA     CNS     OK License Number \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name as it appears on license: (3 Full Names ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Box number or Street Address

\_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
City State Zip

Email Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**SECTION II: ADVANCED PRACTICE CERTIFICATION AND EMPLOYMENT**

Name of advanced practice specialty certification held: \_\_\_\_\_

Name of national certifying body: \_\_\_\_\_

Certification number: \_\_\_\_\_ Date of initial certification \_\_\_\_\_

Expiration date of certification: \_\_\_\_\_ Current national certification code: \_\_\_\_\_

Select only **one** code from the list of board-approved certifications. You may access the list of certifications approved by the Oklahoma Board of Nursing at [www.ok.gov/nursing/prac-natlcert.pdf](http://www.ok.gov/nursing/prac-natlcert.pdf). The area of specialty for the certification must be the same as the certification previously held for advanced practice recognition; otherwise, an application for initial recognition must be submitted.

If you are applying for reinstatement as a CNM, are you enrolled in Continuing Competency Assessment? Yes  No

**PLEASE NOTE: YOU MUST SUBMIT A NOTARIZED COPY OF YOUR RE-CERTIFICATION CARD WITH THIS APPLICATION. ASSOCIATION MEMBERSHIP CARDS ARE NOT ACCEPTED.**

Have you practiced as an Advanced Practice Nurse since your recognition lapsed? Yes  No

**If yes**, list name and address of employer, your position title and the last date you worked in a position requiring advanced practice recognition.

_____ Name of Employer	_____ Address
_____ Name of Supervisor	_____ Supervisor's Telephone Number
_____ Position Title	_____ Last Date Worked in Position Requiring APN Recognition

**SECTION III: HISTORY OF ARREST, DISCIPLINARY ACTION, OR DECLARATION OF 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, not previously reported in writing to this Board? (Minor traffic violations do not include DUI.) Yes  No
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, not previously reported in writing to this Board? Yes  No
3. Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses, not previously reported in writing to this Board? Yes  No
4. Have you ever been convicted of a felony in any state, territory, or country, not previously in writing to this Board? Yes  No
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, not previously reported in writing to this Board? Yes  No
6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported in writing to this Board? Yes  No

**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 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.**

**SECTION IV: 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 ink, with no white-out.
- I understand that I must legibly sign the application using my full legal name in the presence of a Notary Public.
- I understand I must attach a personal check cashier's check or money order for \$80.00 to my application form prior to submission.
- I understand that if I answer "yes" to any question from #1 through #6, I must attach an original letter of description with my signature and certified copies of court records or the Board order.
- I understand that if the reinstatement of my advanced practice recognition is not approved within two years of the lapse/inactive, I must meet the current requirements for initial advanced practice recognition.
- I understand that I must hold a current Oklahoma license to practice as a Registered Nurse to obtain advanced practice recognition.
- I understand that I must submit a separate prescriptive authority reinstatement to reinstate my prescriptive authority (if applicable).
- I understand that I must submit a notarized copy of my current national certification.

**AFFIDAVIT**

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

**I declare and affirm that the statements made in this application, including accompanying documents, 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 and/or recognition.**

**Signature of applicant:** \_\_\_\_\_

**I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by comparing the applicant's signature made in the presence on this form with the signature of his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**Notary Public Signature:** \_\_\_\_\_

**My Commission expires:** \_\_\_\_\_

**(NOTARY SEAL)**