

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 REGISTERED NURSE LICENSE**

Application fee = \$80.00

Use this application if:

- You have been previously licensed as an Advanced Practice Registered Nurse in the same category with the same specialty certification in Oklahoma; and
- Your Advanced Practice Registered Nurse license 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 Registered Nurse without current licensure from the Oklahoma Board of Nursing and current national certification are notified to cease practice as an Advanced Practice Registered Nurse immediately until current licensure has been obtained. **Employment as an Advanced Practice Registered Nurse without current licensure is considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.** The Advanced Practice Registered Nurse must hold a separate license in each specialty area for which he/she has obtained the required education and certification. Current certification by a national certifying body is required to maintain licensure as an Advanced Practice Registered Nurse by the Oklahoma Board of Nursing.

Only those persons who hold a license to practice advanced practice registered nursing in this state shall have the right to use the title "Advanced Practice Registered Nurse" and to use the abbreviation "APRN". Only those persons who have obtained a license in the following disciplines shall have the right to fulfill the roles and use the applicable titles: Certified Registered Nurse Anesthetist and the abbreviation "CRNA", Certified Nurse-Midwife and the abbreviation "CNM", Clinical Nurse Specialist and the abbreviation "CNS", and Certified Nurse Practitioner and the abbreviation "CNP". It shall be unlawful for any person to assume the role or use the title Advanced Practice Registered Nurse or use the abbreviation "APRN" or use the respective specialty role titles and abbreviations or to use any other titles or abbreviations that would reasonably lead a person to believe the user is an Advanced Practice Registered Nurse, unless permitted by this act. Any individual doing so shall be guilty of a misdemeanor, which

shall be punishable, upon conviction, by imprisonment in the county jail for not more than one (1) year or by a fine of not less than One Hundred Dollars (\$100.00) nor more than One Thousand Dollars (\$1,000.00), or by both such imprisonment and fine for each offense [59 O.S. 567.3a(5)].

<p style="text-align: center;">REQUIREMENTS FOR REINSTATING OR RETURNING YOUR ADVANCED PRACTICE LICENSE TO ACTIVE STATUS</p>

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 licensure; otherwise, you must meet current requirements for initial advanced practice licensure.**

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 an advanced practice license. In order to change or add an area of specialty and national certification, you must meet initial requirements for advanced practice licensure, 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.

Renewal Requirements: Advanced practice licensure must be renewed concurrently with registered nurse in even-numbered years. If you are reinstating your advanced practice license within 90 days prior to the expiration date of your license, you must renew your license prior to the date the advanced practice license reinstatement is granted.

Review of criminal and licensure history: Applicants for reinstatement/return to active status of advanced practice 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; **and/or** have ever had disciplinary action taken against another health-related license, recognition, certification, or application; **and/or** are currently under investigation; **and/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 COMPLETING 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 **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*, fee 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 correction fluid on the application.** When you are finished entering your information, print the completed application form and 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. Click on the link for “Online Applications”.

2. **Submission of fee:** Submit the application with the required fee (**\$80.00 total fee** = \$40.00 for renewal of license 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.
3. **Verification of current national certification: Verification of your current certification must be received directly from the national certifying body.** Board staff can verify current national certification directly on the website of the National Board on Certification & Recertification of Nurse Anesthetists and the American Midwifery Certification Board. For all other certifying bodies, the Advanced Practice Registered Nurse must request that verification of the certification be provided directly to the Oklahoma Board of Nursing. In some cases, the certifying body will charge a fee for the verification. If so, the Advanced Practice Registered Nurse is responsible for paying the required fee to 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 licensure can be reinstated or returned to active status, you must have a current RN license. In addition, you must have previously held advanced practice licensure in Oklahoma. If your Oklahoma Registered Nurse license has lapsed, you must complete 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 and wish to have it reinstated, 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 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/state 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 and fee, unless you previously reported this information 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.**

If it is necessary to submit additional information/documents after your application is received, please attach the form titled “Information to be Added to the Application” to the document (see attached form). If the document is coming directly from another individual or entity, please provide the form to that individual or entity. This will help to ensure the document is added to your application file without delay.

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.

COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

Common mistakes that delay the processing of your application include FAILURE TO:

- **Answer all application questions completely**
- **Provide a legible application with no correction fluid used**
- **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, or signing illegibly**
- **Request verification of current national certification in the area of your advanced practice specialty**
- **Submit required documentation for initial licensure if the reinstatement is received at the Board office more than two years from the expiration/inactive date**
- **Provide a complete description and documentation regarding a history of criminal charges, disciplinary action, or judicial declaration of incompetence**

OKLAHOMA BOARD OF NURSING

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***APPLICATION FOR REINSTATEMENT OR RETURN TO ACTIVE STATUS
OF ADVANCED PRACTICE REGISTERED NURSE LICENSURE***

TYPE OR PRINT IN BLACK OR BLUE INK ONLY – DO NOT USE CORRECTION FLUID

I hereby make application to reinstate my license as an Advanced Practice Registered Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. §567.3(a)5).

SECTION I: APPLICANT INFORMATION

Type of license: CNP _____ CNM _____ CNS _____ CRNA _____

Social Security# _____ - _____ - _____ Date of birth _____ / _____ / _____
This information is mandatory, pursuant to 56 O.S. § 240.21A, MM DD YYYY for administration of the tax laws of the State of Oklahoma.

Name as it appears 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: CERTIFICATION HISTORY

Oklahoma RN license number _____ Expiration _____
(If you have applied for reinstatement of your nursing license, but are not yet licensed, write “pending” in the space for expiration date.)

Name of APRN certification _____ Certifying body _____

APRN certification number _____ Expiration date _____

FOR CNM APPLICANTS ONLY:

If you are applying for CNM licensure, have you enrolled in the Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board? Yes ___ No ___

SECTION V: 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 personal check, cashier's check or money order for \$80.00 to my application form prior to submission.

- I understand that if the reinstatement of my advanced practice license is not approved within two years of the lapse/inactive, I must meet the current requirements for initial advanced practice licensure.

- I understand that I must hold a current Oklahoma license to practice as a Registered Nurse to obtain advanced practice licensure.

- I understand that I must submit a separate prescriptive authority reinstatement to reinstate my prescriptive authority (if applicable).

- I understand that I must request verification of my current national certification.

- I understand that if I answer "yes" to any question regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence, I must attach certified copies of court records or the Board order as described in the application instructions.

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
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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)-----

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