

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

**INSTRUCTIONS AND APPLICATION FOR LICENSURE  
AS AN ADVANCED PRACTICE REGISTERED NURSE**

**APPLICATION FEE - \$70.00**

**Use this application if:**

- **you are applying for advanced practice licensure in Oklahoma; and**
- **you have not been recognized previously in Oklahoma in the same advanced practice category; or if you are applying for an additional advanced practice category (i.e., CNP, CNS, CNM, or CRNA) or for an additional specialty area.**

The *Application for Licensure as an Advanced Practice Registered Nurse* is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

There are four categories of Advanced Practice Registered Nurses defined in the *Oklahoma Nursing Practice Act*: the Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and the Certified Registered Nurse Anesthetist (CRNA).

The *Oklahoma Nursing Practice Act* requires current licensure as a Registered Nurse and as an Advanced Practice Registered Nurse from the Oklahoma Board of Nursing *prior* to employment in Oklahoma in a role that requires licensure as an Advanced Practice Registered Nurse or identifying oneself as an Advanced Practice Registered Nurse. 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.

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)].

## REQUIREMENTS FOR APRN LICENSURE IN OKLAHOMA

**Educational Requirements:** To be eligible for licensure, an applicant must have completed a formal program of study meeting the requirements of the Board as follows:

- An applicant for licensure as a Clinical Nurse Specialist must hold a master's degree or higher in nursing from a nursing program accredited by or holding preliminary approval or candidacy status with the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education. Documentation submitted must verify the completion of a minimum of two semesters of course work in which the major focus of study was a clinical nurse specialist track or pathway.
- An applicant for licensure as a Certified Nurse Midwife must complete a program meeting the requirements of the American College of Nurse Midwives to prepare the applicant for certification in the practice of nurse-midwifery and accredited by the American College of Nurse Midwives Division of Accreditation.
- An applicant for licensure as a Certified Registered Nurse Anesthetist is certified by the Council on Certification of Nurse Anesthetists as a Certified Registered Nurse Anesthetist within one (1) year following completion of an approved certified registered nurse anesthetist education program.
- An applicant for licensure as a Certified Nurse Practitioner must complete a program that is a part of a **Master's level or higher** preparation in nursing in a program accredited by or holding preliminary approval or candidacy status with the National League for Nursing or the Commission on Collegiate Nursing Education; **or** that meets the following requirements:
  - a. be based on measurable objectives that relate directly to the scope of practice for the specialty area;
  - b. include theoretical and clinical content directed to the objectives;
  - c. be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year;
  - d. be university-based or university-affiliated with oversight by a nursing program accredited by an approved national nursing accrediting agency.

**Certification in Area of Specialty:** The applicant must also hold a **current national certification** in the specialty area at an advanced practice level which is recognized by the Board. Successful completion of the educational program shall establish an academic preparation consistent with the recognized certification examination in the specialty area.

**Renewal Requirements:** Advanced practice licensure must be renewed concurrently with registered nurse renewal in even-numbered years. If you are applying for advanced practice licensure within 90 days prior to the expiration date of your license, you must renew your license prior to the date the advanced practice licensure is granted. Please see the *Oklahoma Nursing Practice Act and Rules* for renewal requirements.

**Review of criminal history:** Applicants for 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; **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 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 or blue ink. You must complete all sections of the application with the same name as the name on your nursing license. 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, 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](http://www.ok.gov/nursing). Click on the link for “Online Applications”.

2. **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 and fee, unless you previously reported this arrest in writing to the Oklahoma Board of Nursing.**

3. ***Transcript:*** An official transcript should be submitted from your advanced practice educational program verifying completion of the program of study. **Transcripts that have been issued to the student will not be accepted.**

The Oklahoma Board of Nursing must evaluate the curriculum provided in the out-of-state advanced practice program to ensure that it meets the state's curricular requirements. If you completed an advanced practice program in another state, you may be requested to submit further information to verify that the program meets the requirements of the Oklahoma Board of Nursing.

4. ***Certification by a National Certifying Body:*** Current national certification at an advanced practice level in the specialty area consistent with the advanced practice educational program you completed and recognized by the Board is required to receive advanced practice licensure. 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 identify a certification and certifying body identified on the list. **Only one** certification may be selected per application. **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 American Association 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 certification. If so, the Advanced Practice Registered Nurse is responsible for paying the required fee to the certifying body.

In order to change or add an area of specialty and national certification, you must meet initial requirements for licensure as an Advanced Practice Registered Nurse, which requires submission of a new application. In addition, the Board must be notified in writing of changes of national certification within the same specialty area within 30 days of the change.

5. ***Fee:*** Attach to your application a money order, personal check, certified check or cashier's check in the amount of \$70.00 payable to the Oklahoma Board of Nursing. If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review. The application and fee are valid for one year from the date received in the Board office.

6. ***Certified Nurse Midwives:*** Please verify on the application form your enrollment in a current cycle of Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board.

## GENERAL INFORMATION

Your application to the Board 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 and transcript in the Board office. **Fees submitted are not refundable.**

The *Initial Application for Prescriptive Authority* is available on the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing). The advanced practice nurse must hold prescriptive authority recognition **for each advanced practice license** in the State of Oklahoma in order to prescribe drugs and other medical supplies.

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:

- **Complete all application questions**
- **Provide a legible application with no correction fluid used**
- **Provide a Social Security number**
- **Provide the full name of licensure**
- **Provide license or certificate numbers**
- **Sign the application with the full legal name, or signing illegibly**
- **Request that an official transcript be submitted directly to the Board by the advanced practice educational program**
- **Request verification of the current advanced practice national certification,**
- **Document the national certification and expiration date on the application**
- **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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***APPLICATION FOR LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE***

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

**I hereby make application for licensure 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 requested: CNP \_\_\_\_\_ CNM \_\_\_\_\_ CNS \_\_\_\_\_ CRNA \_\_\_\_\_

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.**

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: EDUCATION**

Name and location of school offering advanced practice nursing educational program from which you graduated:

\_\_\_\_\_ School Name

\_\_\_\_\_ Campus location

Type of Program: Certificate \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Date you entered program \_\_\_\_\_ Date you completed program \_\_\_\_\_  
Mo/Yr Mo/Yr

**SECTION III: CERTIFICATION HISTORY**

Oklahoma RN license number \_\_\_\_\_ Expiration date \_\_\_\_\_  
(If you have applied for licensure, but are not yet licensed, write "pending".)

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 IV: EMPLOYMENT INFORMATION**

Are you or have you ever practiced or represented yourself as an  
Advanced Practice Registered Nurse in Oklahoma? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered "yes", please request that your employer submit an *Employment Verification Form* and job description directly to the Board office.**

**All applicants:** PLEASE PROVIDE CONTACT INFORMATION FOR YOUR CURRENT OR MOST RECENT EMPLOYER.

Employer's name \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Employer's street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position Title \_\_\_\_\_ Start Date \_\_\_\_\_ Last Date Worked \_\_\_\_\_

Are you recognized as an Advanced Practice Registered Nurse in any other state(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name of state(s) and your license/recognition number(s).

State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_



**SECTION VI: 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 \$70.00 to my application form prior to submission.
- 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.
- I understand that I must request that my advanced practice educational program submit an official transcript directly to the Board office.
- I understand that my current national certification must be verified with the certifying body. I understand that, if the certifying body requires a fee for the verification, I must pay the fee to the certifying body.

**AFFIDAVIT**

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

I hereby state that I will maintain my advanced practice specialty certification as identified in this application while I hold licensure as an Advanced Practice Registered Nurse in Oklahoma. In the event that my national certification is no longer in effect for any reason, I will notify the Board immediately and immediately cease practice as an Advanced Practice Registered Nurse. I understand that practicing as an Advanced Practice Registered Nurse without current national certification is grounds for disciplinary action, including but not limited to denial or loss of licensure, certification, and/or recognition.

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:**

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

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<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>
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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)-----

**INFORMATION TO BE ADDED TO APPLICATION**

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  - \_\_\_\_\_ Other: \_\_\_\_\_
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- \_\_\_\_\_ Other: \_\_\_\_\_