

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 REINSTATEMENT OR RETURN TO ACTIVE STATUS OF LICENSE

*Application fee = \$115.00*

Use this application if:

- You have been previously licensed at the same level in Oklahoma; and
- Your license is currently lapsed, inactive, suspended, voluntarily surrendered, or revoked.

Persons employed in nursing WITHOUT a valid Oklahoma nursing license are notified to cease employment in nursing immediately until a valid nursing license is issued. Continued employment in nursing WITHOUT a valid nursing license will be considered in violation of the provisions of the Oklahoma Nursing Practice Act. Orientation to an RN/LPN position is considered nursing practice and requires a current Oklahoma nursing license.

## REQUIREMENTS FOR REINSTATING OR RETURNING YOUR LICENSE TO ACTIVE STATUS

**Submission of an application and fee:** You must submit a completed application, using a current application form. The application must be accompanied by the correct fee.

**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.

**Verification of continuing qualifications for practice:** If your nursing license has not been in an active status for a period of two (2) years or more, you must demonstrate continued qualifications for practice through completion of one of the following requirements within the last two (2) years prior to receipt of the completed application in the Board office:

- (1) Submission of an official transcript or certificate of completion verifying completion of a nursing refresher course with content consistent with Board policy (see *Refresher Course Policy* on website: [www.ok.gov/nursing](http://www.ok.gov/nursing)); or
- (2) Successfully pass the National Council Licensure Examination for Registered Nurses/Licensed Practical Nurses (according to the level of licensure); or
- (3) Submission of an official transcript verifying successful completion of at least seven (7) academic semester credit hours (or 105 contact hours for LPNs enrolled in practical nursing courses) of nursing courses which include classroom and clinical instruction at the appropriate educational level; or
- (4) Present evidence of licensure as a nurse in another state with employment in a position that requires nursing licensure with verification of at least 520 work hours during the past two (2) years preceding receipt of the request for return to active status in the Board office.

**Review of criminal history:** Applicants for reinstatement/return to active status 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*.

**Special instructions for members of the National Guard:** Any license held by a member of the National Guard or reserve component of the armed forces that expires while the member is on active duty shall be extended until ninety (90) days after the member is discharged from active duty status [O.S. 72 §48.2]. If you are a member of the National Guard and your license expired while you were on active duty, please submit, within 90 days of discharge, a request for renewal of your license, with copies of the official orders calling you to active duty and the official orders discharging you from active duty.

## 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 **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 correction fluid on the application.** You must 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:**

a. **U.S. Citizens, U.S. Nationals, and Legal Permanent Resident Aliens:**

If your license lapsed on or before November 1, 2007, you must complete the attached *Evidence of Status* form and submit it with your 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 your license lapsed after November 1, 2007, you are not required to submit an *Evidence of Status* form with your reinstatement application. However, all licensees who are U.S. citizens, U.S. nationals, or legal permanent resident aliens are required to submit an *Affidavit of Citizenship Status*. If you have not submitted an *Affidavit of Citizenship Status*, you must submit one with your application for reinstatement. The *Affidavit of Citizenship Status* is attached.

- b. **Qualified aliens:** If you are a qualified alien, you must personally bring your completed application and *Evidence of Status (Part B)* 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. **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 information in writing to the Oklahoma Board of Nursing.**

4. ***Verification of continuing qualifications for practice:*** **If your license has been lapsed or inactive for two or more years, you must establish continuing qualifications for practice to be eligible for reinstatement/return to active status.** You may establish continuing qualifications for practice through one of the following:
  - If you have worked at the applicable level of licensure in another state, territory, or country for a minimum of 520 hours in the last two years, please request that your employer submit an *Employment Verification Form* directly to the Board. Each employer that is providing verification must complete and submit a separate form. **Please note that this form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department.**
  - If you have not practiced in a position requiring a nursing license for the minimum number of hours in the last two years prior to submitting an application for reinstatement or return to active status, you must provide an official transcript or certificate of completion for an Oklahoma Board of Nursing approved refresher course or an official transcript documenting hours earned in a board-approved nursing education program. A list of Board-approved refresher courses is available on our website: [www.ok.gov/nursing](http://www.ok.gov/nursing).
  - If you have not worked, completed a board-approved refresher course, or completed the required hours in a nursing education program, please note on the application for reinstatement or return to active status that you wish to re-take the NCLEX examination to establish continuing qualifications for practice. A registration form for the NCLEX examination will be mailed to you. Please note that you must register for the examination using the Program Code 24-900 (Re-entry/Board Request) to ensure accuracy in reporting.
5. ***Employment in a nursing position:*** If you answer “yes” to questions in Section II regarding employment in a position requiring a nursing license, please request that your

employer submit an *Employment Verification Form* directly to the Board. Each employer that is providing verification must complete and submit a separate form. **Please note that this form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department.** It is essential that the date you indicated that you last worked in a position requiring a nursing license matches the *Employment Verification Form*. Please check with your employer if you are unsure of the date you last worked in a position requiring a nursing license.

## 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.**

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**

- **Leaving application questions incomplete or unanswered, or using correction fluid on the application**
- **Not providing a Social Security number**
- **Failing to provide the full name under which you were licensed (with the notation “NMN” if there is no middle name)**
- **Failing to provide your license number**
- **Failing to sign the application with the full legal name, or signing illegibly**
- **Failing to submit an *Evidence of Status* form and supporting documentation**
- **Failing to request that the employer submit an *Employment Verification Form* directly to the Board office**
- **Last date worked on the application does not match last date worked on the *Employment Verification Form***
- **Failing to include contact information for your current or most recent employer on the application**
- **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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***APPLICATION FOR REINSTATEMENT OR RETURN TO ACTIVE STATUS OF LICENSE***

**TYPE OR PRINT IN BLACK OR BLUE INK ONLY – Do not use correction fluid!**

**I hereby make application to reinstate or return to active status my licensure as a Registered Nurse/Licensed Practical Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. §567.7).**

**SECTION I: APPLICANT INFORMATION**

Type of license: RN \_\_\_\_\_ LPN \_\_\_\_\_ Oklahoma RN/LPN license number \_\_\_\_\_

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

Name as it appears on nursing license: \_\_\_\_\_  
First Middle or Maiden Last

My mailing address is: \_\_\_\_\_  
Box number or Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) (\_\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION II: EMPLOYMENT INFORMATION**

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

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

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

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

Are you currently employed in a position requiring an RN/LPN license in Oklahoma? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you practiced in a position requiring an RN/LPN license in Oklahoma since your license was not in an active status? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**SECTION III: VERIFICATION OF CONTINUING QUALIFICATIONS FOR PRACTICE**

**Check one of the following:**

- It has been less than two years since I held an Oklahoma nursing license in an active status.
- It has been more than two years since I held an Oklahoma nursing license in an active status. During that time, I verify that I have maintained continuing qualifications for practice through completion of one or more of the following. **(Check all of the following that apply. You must submit the requested documentation in order for your application to be considered.):**
  - I have completed a refresher course within the last two years with content consistent with Board Policy. **(Please request that the institution offering the Oklahoma Board of Nursing approved refresher course submit an official transcript or certificate of completion directly to the Board office).**
  - I want to take the National Council Licensure Examination (NCLEX). Please send me a registration form. I understand that my application will not be processed until the examination is successfully passed.
  - I have completed at least seven (7) academic semester credit hours (or 105 contact hours, for LPNs enrolled in practical nursing) of nursing courses within the last two years that include classroom and clinical instruction. **(Please request that the education institution submit an official transcript directly to the Board office).**
  - I am licensed in another state and have been employed in that state in a position requiring nursing licensure for a minimum of 520 work hours in the past two years. **(Please request that an *Employment Verification Form* be completed by your employer and submitted directly to the Board office.)**

**SECTION IV: CITIZENSHIP STATUS**

**Please check one of the following:**

- I am a U.S. citizen.**  
*An Evidence of Status form and documentation as identified on the form or Affidavit of Citizenship Status must be submitted in order for the application to be complete.*
- I am a U.S. national.**  
*An Evidence of Status form and documentation as identified on the form or Affidavit of Citizenship Status must be submitted in order for the application to be complete.*
- I am a legal permanent resident alien.**  
*An Evidence of Status form and documentation as identified on the form or Affidavit of Citizenship Status must be submitted in order for the application to be complete.*
- I am a qualified alien.**  
*Please bring the Evidence of Status form, original unexpired documentation of alien status, and your completed application to the Board office.*



**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 check or money order for \$115.00 to my application form prior to submission.
  
- \_\_\_\_\_ 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 or *Affidavit of Citizenship Status*. If I am a qualified alien, I must bring an *Evidence of Status Form* and an original copy of supporting documentation to the Board office.
  
- \_\_\_\_\_ I understand that if I answer “yes” to any question related to criminal charges, disciplinary actions or judicial declaration of incompetence, I must submit to the Board certified copies of court records or the Board order.
  
- \_\_\_\_\_ I understand that if I am employed in a position or have worked in a position requiring an RN/LPN license since my license was not in an active status, my employer must submit an *Employment Verification Form* and a job description directly to the Oklahoma Board of Nursing office.
  
- \_\_\_\_\_ I understand that, if it has been more than two years since my license was in an active status, I must provide evidence of continuing qualifications for practice prior to being eligible for reinstatement or return to active status.

**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**



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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 did appear personally before me and that I did identify 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\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature (SEAL)

Commission Number: \_\_\_\_\_  
My 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

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

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"; or
INS Form I-571 (Refugee Travel 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"; or
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)"; or
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 did appear personally before me and that I did identify 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

Notary Signature (SEAL)

Commission Number: My Commission Expires:

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## AFFIDAVIT OF CITIZENSHIP STATUS

### Instructions

All natural persons 14 years of age or older and present in the United States, applying or holding a license with the Oklahoma Board of Nursing, are required by the provisions of 56 O.S. Supp. 2007 § 71 to provide the Board with verification of lawful presence in the United States. **IF YOU WERE LICENSED IN THE STATE OF OKLAHOMA PRIOR TO NOVEMBER 1, 2007, AND YOU ARE A U.S. CITIZEN, U.S. NATIONAL, OR PERMANENT LEGAL RESIDENT ALIEN, YOU MUST COMPLETE THE AFFIDAVIT OF CITIZENSHIP STATUS, sign it in front of a notary public, and submit to the Board office.** An addressed envelope is enclosed for your convenience. The *Affidavit of Citizenship Status* must be submitted prior to your license renewal period in order for you to complete your renewal.

**If you were licensed in the State of Oklahoma prior to November 1, 2007, and you are a qualified alien, you must present in person at the Board office original, unexpired documentation of your alien status during your renewal period.** This information must be presented during your license renewal period and prior to your license expiration date; otherwise, you will not be able to complete your renewal.

### Affidavit for U.S. Citizens, U.S. Nationals, and Permanent Legal Resident Aliens

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 certify, under penalty of perjury, that I am a (Check one of the following):

- \_\_\_\_\_ U.S. citizen  
\_\_\_\_\_ U.S. national  
\_\_\_\_\_ Permanent legal resident alien

\_\_\_\_\_  
SIGNATURE OF LICENSEE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
DATE COMMISSION EXPIRES

**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: \_\_\_\_\_

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

**INFORMATION TO BE ADDED TO APPLICATION**

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