

**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: New legislation takes effect November 1, 2007, requiring 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 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; 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 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, 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. 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. **Citizenship:** All applicants for licensure must complete the attached *Evidence of Status* form and submit it with their 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 personally bring your completed application 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. ***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 to the Oklahoma Board of Nursing with a previous application for licensure.

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.
 - 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. 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.**

Common Mistakes That Delay Application Processing

- **Leaving application questions incomplete or unanswered, or using white-out 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 in the presence of a Notary Public, 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***

SECTION III: VERIFICATIONS OF CONTINUING QUALIFICATIONS FOR PRACTICE

- It has been less than two years since my Oklahoma nursing license has not been in active status.
- It has more than two years since my Oklahoma nursing license has not been in active status. During that time, I verify that I have maintained continued 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 year 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**).
 - 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 which include the classroom and clinical instruction. (**Please request that the education institution submit an official transcript to the Oklahoma Board of Nursing**).
 - 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* to be completed by your employer and submitted directly to the Board office.**)

SECTION IV: HISTORY OF ARREST, DISCIPLINARY ACTION, OR MENTAL 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 reported 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 the 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 V: CITIZENSHIP STATUS

Please check one of the following:

- I am a U.S. citizen.
An Evidence of Status Form and a photocopy of documentation as identified on the form must be submitted in order for the application to be complete.
- I am a U.S. national.
An Evidence of Status Form and a photocopy of documentation as identified on the form must be submitted in order for the application to be complete.
- I am a legal permanent resident alien.
An Evidence of Status Form and a photocopy of documentation as identified on the form 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 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 \$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 documentation. 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 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 I am employed in a position requiring nursing licensure, I must request that my employer submit an *Employment Verification Form* and a job description directly to the Board office.
- I understand that if my license has not been in an active status for two or more years, I must submit documentation to verify continuing qualifications for practice.

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.

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 my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ date of _____, _____.

Notary Public Signature: _____

My Commission Expires _____

(NOTARY SEAL)

STATISTICAL DATA
PLEASE COMPLETE THE FOLLOWING INFORMATION BY CIRCLING
THE CORRECT ANSWER

REGISTERED NURSE

- GENDER:** 1. MALE
2. FEMALE
- BASIC NURSING EDUCATION:** 1. DIPLOMA
2. ASSOCIATE DEGREE
3. BACHELOR'S DEGREE
- HIGHEST DEGREE HELD:** 1. DIPLOMA/ASSOCIATE 5. MASTERS IN OTHER FIELD
2. BACHELOR'S IN NURSING 6. DOCTORATE IN NURSING
3. BACHELOR'S IN OTHER FIELD 7. DOCTORATE IN OTHER FIELD
4. MASTERS IN NURSING
- EMPLOYED IN NURSING:** 1. FULL TIME (35+ HRS/WK) 3. PART TIME (01-19 HRS/WK)
2. PART TIME (20-34 HRS/WK) 4. NOT EMPLOYED IN NURSING
- FIELD OF EMPLOYMENT:** 1. HOSPITAL 6. SCHOOL HEALTH
2. LONG TERM/EXTENDED CARE 7. OCCUPATIONAL HEALTH
3. SCHOOL OF NURSING 8. AMBULATORY CARE
4. HOME HEALTH 9. PRIVATE PRACTICE
5. COMMUNITY/PUBLIC HEALTH 10. CASE MANAGEMENT
11. OTHER (SPECIFY) _____
- TYPE OF POSITION:** 1. ADMINISTRATOR 5. HEAD NURSE/ASSISTANT
2. CONSULTANT 6. GENERAL DUTY/STAFF
3. SUPERVISOR 7. CASE MANAGER
4. EDUCATOR 8. OTHER (SPECIFY) _____
- OTHER STATES IN WHICH YOU ARE CURRENTLY LICENSED:** STATE _____ # _____
 STATE _____ # _____ STATE _____ # _____
-

LICENSED PRACTICAL NURSE

- GENDER:** 1. MALE
2. FEMALE
- EMPLOYED IN NURSING:** 1. FULL TIME (35+ HRS/WK) 3. PART TIME (01-19 HRS/WK)
2. PART TIME (20-34 HRS/WK) 4. NOT EMPLOYED IN NURSING
- FIELD OF EMPLOYMENT:** 1. HOSPITAL 5. COMMUNITY HEALTH
2. NURSING HOME 6. SCHOOL NURSE
3. SCHOOL OF NURSING 7. INDUSTRIAL NURSE
4. PRIVATE DUTY 8. OFFICE NURSE/CLINIC
9. OTHER (SPECIFY) _____
- TYPE OF POSITION:** 1. ADMINISTRATOR 5. HEAD NURSE/ASSISTANT
2. CONSULTANT 6. GENERAL DUTY/STAFF
3. SUPERVISOR 7. CASE MANAGER
4. EDUCATOR 8. OTHER (SPECIFY) _____
- GENERAL EDUCATION:** 1. HIGH SCHOOL DIPLOMA
2. HIGH SCHOOL EQUIVALENCY
- OTHER STATES IN WHICH YOU ARE CURRENTLY LICENSED:** STATE _____ # _____
 STATE _____ # _____ STATE _____ # _____

OKLAHOMA BOARD OF NURSING

2915 N. Classen Boulevard, Suite 524

Oklahoma City, Oklahoma 73106

Telephone: (405) 962-1800

DATE: _____

TYPE OF APPLICATION REINSTATEMENT

NAME OF NURSE: _____

EMPLOYMENT VERIFICATION FORM

Please authorize your immediate nursing supervisor or the director of nursing to complete this form and return it directly to the Board office by mail as soon as possible. After this information has been received in the Board office, your application will again be reviewed. Please note that the applicant may not complete any part of this form.

1. Name of Employer: _____

2. Address of Employer: _____

3. Title of Position(s) Held by Employee:

Position Title	Date Hired	Last Date in Position

4. Last Date Worked in a Licensed Position: _____

5. Current Employment Status (i.e.: currently working, suspended, on leave, terminated, etc): _____

6. Date Employee's License Card Last Viewed or Licensure Status Verified Online: _____

7. Attach job description for all position(s) held.

I certify that this nurse has worked 520 hours or more in a position requiring a nursing license in the past two years immediately prior to the date of completion of this form. (Check one)

_____ Yes

_____ No (If no, please indicate the number of hours worked: _____ Hours)

The Oklahoma Nursing Practice Act (Oklahoma Statutes 59 O.S. § 567.1 et seq.) requires that any person who represents himself/herself as a registered nurse or licensed practical nurse in this state must have a current Oklahoma license to practice registered nursing or licensed practical nursing. Continued employment in nursing (including orientation to a position that requires a nursing license) without a valid nursing license is considered in violation of the provisions of the Oklahoma Nursing Practice Act and may subject the person to disciplinary action.

I have read the above statement. I certify that the statements contained herein are true and correct.

Signed: _____

Title: _____

Name of Institution: _____

Address of Institution: _____

Telephone Number: _____

Date this information was completed: _____

EVIDENCE OF STATUS FORM

GENERAL INFORMATION

New legislation takes effect November 1, 2007, requiring 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, *in person*, valid documentary evidence of:

13. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
14. A pending or approved application for asylum in the U.S.;
15. Admission into the U.S. in refugee status;
16. A pending or approved application for temporary protected status in the U.S.;
17. Approved deferred action status; or
18. 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/certification 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/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 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.

- _____ **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

Subscribed and sworn before me this _____ day of _____, 20_____.

(SEAL)

Notary Public
Commission Number: _____
My Commission Expires: _____

EVIDENCE OF STATUS FORM: PART B

Type or Print Clearly - Please use black 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 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 a 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

Signature line

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

Subscribed and sworn before me this day of , 20

Commission Number:

Notary Signature (SEAL) My Commission Expires: