

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

## **INSTRUCTIONS AND APPLICATION:** **SPECIAL VOLUNTEER LICENSE**

### **GENERAL INFORMATION**

*Application Fee = No fee is required*

**In accordance with 59 O.S. Section 493.5, a special volunteer license may be issued to individuals meeting these requirements:**

- *A Registered Nurse, Advanced Practice Registered Nurse, or Licensed Practical Nurse who previously held a nursing license at the same level in Oklahoma or another state that is currently lapsed or inactive, or who holds an active license in another state AND*
- *Written acknowledgement verifying that the nursing practice will be exclusively and completely devoted to providing care to the indigent and needy persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps AND*
- *Submits documentation that the nurse will not receive or have the expectation to receive any compensation, direct or indirect, for services rendered in this state (Exception: Nurses that participate in the free care given by means of telemedicine through the Shriners Hospitals for Children national network) AND*
- *Completes a special volunteer license application, including documentation of the completion of the basic professional curricula of a school of nursing and the relevant practice history AND*
- *Submits documentation or electronic verification that the nurse has been previously issued a full, unrestricted license to practice nursing in Oklahoma or in another state of the United States, and written acknowledgement that he /she has never been the subject of disciplinary action in any jurisdiction.*

### **INSTRUCTIONS**

1. **Completion of Application:** Complete the application and affidavit accurately typed or in black ink. You must complete all sections of the application with your **full legal name**. 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, sign the application **LEGIBLY** using your full legal name.

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.

3. **Name Change:** If you were previously licensed in Oklahoma and your license is *not* in your present name, submit a *Name Change Request* and copy of a legal document indicating the change of name (such as a certified copy of a marriage license, divorce decree, or court order).
4. **Interstate Verification:** Verification that the eligible volunteer has been previously issued a full and unrestricted license to practice in Oklahoma or in another state of the United States is required. If you have never held a license in Oklahoma, but have been licensed in another state, Board staff will be able to verify your license status via the state’s website in most cases. If not, Board staff will contact you with further instructions.

## COMMON ERRORS THAT DELAY APPLICATION PROCESSING

- *Leaving application questions unanswered or incomplete, or using correction fluid on the application*
- *Failing to provide a Social Security Number*
- *Failing to provide full legal name (with the notation of “NMN” if there is not a middle name)*
- *Failing to provide license numbers for all licenses held*

**OKLAHOMA BOARD OF NURSING**  
**2915 N. Classen Blvd., Suite 524**  
**Oklahoma City, OK 73106**  
**(405) 962-1800**

**SPECIAL VOLUNTEER LICENSE APPLICATION**

**I hereby make application for Special Volunteer License in accordance with the Statutes of the State of Oklahoma (59 O.S. Supp. 2009, Section 493.5)**

**TYPE OR PRINT IN BLACK OR BLUE INK ONLY – Do not use Correction Fluid**

**SECTION I: APPLICANT INFORMATION**

RN \_\_\_\_\_ LPN \_\_\_\_\_ If you are an Advanced Practice Registered Nurse, please check one of the following: \_\_\_\_\_ CNP \_\_\_\_\_ CNS \_\_\_\_\_ CNM \_\_\_\_\_ CRNA

**Please place a checkmark in the space beside the correct statement below:**

- I have been previously** licensed in Oklahoma at the same level of licensure.  
 **I have never been** licensed in Oklahoma at the same level of licensure.

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.**

My full legal name is \_\_\_\_\_  
First Middle Maiden (If applicable) Last

Name to appear 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: LICENSURE/CERTIFICATION HISTORY**

State, Territory, or Country of original licensure \_\_\_\_\_ Original license number \_\_\_\_\_

List all other states/countries in which you are or have been previously licensed (attach an additional page if needed):

State/Country: \_\_\_\_\_ Lic/Cert #: \_\_\_\_\_ State/Country: \_\_\_\_\_ Lic/Cert #: \_\_\_\_\_

State/Country: \_\_\_\_\_ Lic/Cert #: \_\_\_\_\_ State/Country: \_\_\_\_\_ Lic/Cert #: \_\_\_\_\_

List other last names under which you have been licensed: \_\_\_\_\_

**SECTION III: EDUCATION**

Name and location of nursing education program from which you graduated:

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

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

Type of Program: PN \_\_\_ Associate Degree \_\_\_ Diploma \_\_\_ Bachelor's Degree \_\_\_ Other \_\_\_

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

Date you successfully passed the NCLEX or State Board Test Pool Examination \_\_\_\_\_  
Mo/Yr

**SECTION IV: PERSONAL INFORMATION**

**Gender and Ethnicity:** The Oklahoma Board of Nursing publishes data related to characteristics of the nurse population. This data is used by individual researchers, and by state and national organizations, for purposes of assessing diversity within the profession. For that reason, we ask the following questions by checking the gender and race/ethnicity categories that best describe you. **This information is voluntary. You may choose not to answer the questions by checking "Choose not to answer".**

**Gender**

**Race/Ethnicity**

Choose not to answer \_\_\_\_\_  
Male \_\_\_\_\_  
Female \_\_\_\_\_

Choose not to answer \_\_\_\_\_  
White \_\_\_\_\_  
Black or African American \_\_\_\_\_  
American Indian and Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Native Hawaiian and Other Pacific Islander \_\_\_\_\_  
Hispanic or Latino of any race \_\_\_\_\_  
Some other race/ethnicity \_\_\_\_\_  
Please specify: \_\_\_\_\_  
Two or more of the above races/ethnicities \_\_\_\_\_  
Please specify with which race you most  
closely identify: \_\_\_\_\_



**SECTION VI: AFFIDAVIT**

Please initial each of the following statements. Sign your full legal name on the signature line below.

\_\_\_\_\_ I declare and affirm that the statements made in this application, including documents, are true, complete and correct. I understand that any false/misleading information in, or in connection with, my application, may be cause for denial or loss of licensure.

\_\_\_\_\_ I certify that my nursing practice under this volunteer license will be exclusively and completely devoted to providing care to indigent and needy persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps.

Name of Organization for whom I will be volunteering:

\_\_\_\_\_

Position: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_

(If you are volunteering for more than one organization, please attach additional pages.)

\_\_\_\_\_ I certify that I will not receive or have the expectation to receive any compensation, direct or indirect, for services rendered in this state (An exception is made for nurses who are participating in the free care given by means of telemedicine through the Shriners Hospitals for Children national network. If you fall under this exception, please initial here \_\_\_\_\_.)

\_\_\_\_\_ I certify that I have been previously issued a full, unrestricted license to practice nursing in Oklahoma or in another state of the United States, and that I have never been the subject of disciplinary action in any jurisdiction. If I am an Advanced Practice Registered Nurse, I certify that I hold current certification in my advanced practice specialty area.

(Sign full name – Do not print; if no middle name, indicate ‘NMN’)

Signature: \_\_\_\_\_

Print full legal name in the space below:

\_\_\_\_\_

FIRST

MIDDLE

LAST

Date: \_\_\_\_\_