

Oklahoma Board of Nursing
2915 N. Classen Blvd. Suite 524
Oklahoma City, OK 73106
(405) 962-1800

Office Use Only		
To ID	_____	
Disc. Action	Y	N
Reviewed by	_____	
Date	_____	
Processed	_____	

Request for Written Verification of Licensure Status

**Fee = \$10.00 for non-certified verification
\$40.00 for certified verification (required by and provided only to another
licensing entity or CGFNS)**

**The fee must be submitted with this form. If the appropriate fee is not received, the
verification will not be processed.**

PLEASE MAIL THE VERIFICATION TO: (Please note that certified verifications
must be mailed directly to the licensing entity or CGFNS.)

Name _____
Telephone # _____ Fax# _____
Mailing Address _____

**CONTACT INFORMATION FOR THE INDIVIDUAL REQUESTING THE
VERIFICATION:**

Name _____
Telephone # _____
Mailing Address _____

LICENSEE INFORMATION:

Name of Licensee _____
Social Security# _____ Date of Birth _____
OK License # _____

Certified and non-certified written verifications of licensure status include the following
information. All information, with the exception of the licensee's address and
verification of past disciplinary action taken by the Oklahoma Board of Nursing, can be
verified on the Board's website at no charge.

- Name of licensee
- Last reported address
- Type of license/s held
- License number
- Status of license
- Effective date of license
- Expiration date of license
- Education
- Licensure examination date

- Type of Advanced Practice Registered Nurse license held (if applicable), effective date, and expiration date
- Prescriptive authority privileges (if applicable), effective date, and expiration date
- Verification of past disciplinary action by the Oklahoma Board of Nursing

In addition to the above, a certified verification of licensure will include the following:

- Social Security number
- Licensure examination results
- Number of times licensure examination was taken
- If disciplinary action has been taken, a certified copy of the formal complaint and Board order

Please indicate the type of verification being requested:

- _____ A verification with the certification seal of the Oklahoma Board of Nursing (\$40.00 fee must be submitted)
- _____ A written verification that is not certified (\$10.00 fee must be submitted)

The following may be requested to accompany written verification of licensure status. In addition to the fee for the written verification, applicable fees will be charged. (Please check the additional records and/or services requested.)

- _____ Copy of initial applicant records (Copy fee of \$0.25 per page)
- _____ Copy of renewal records on file (Copy fee of \$0.25 per page)
- _____ Copy of complaint and Board order related to disciplinary action (Provided with the verification free of charge if disciplinary action has been taken)
- _____ Fax records (\$1.00 per page)
- _____ Certification of record (\$1.00 per page)

The *Request for Written Verification of Licensure Status* and the fee must be received to process your request. If you request copies of licensing records, faxed records, or certification of each page of the record, these fees must also be paid before the copies are provided, certified, or faxed. Please provide a telephone number so that we may notify you of the additional amount due. Please allow a 14 day processing time for the request.