

OKLAHOMA BOARD OF NURSING
2915 NORTH CLASSEN BLVD., SUITE 524
OKLAHOMA CITY, OKLAHOMA 73106
(405) 962-1800
www.ok.gov/nursing

INSTRUCTIONS AND APPLICATION
FOR ADVANCED UNLICENSED ASSISTANT CERTIFICATION

APPLICATION FEE - \$20.00

Use this application if you:

- Have completed an advanced unlicensed assistant educational program; or
- Have already submitted a *Request for AUA Equivalency Evaluation* and been approved.

The *Application for Certification as an Advanced Unlicensed Assistant* is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

REQUIREMENTS FOR AUA CERTIFICATION IN OKLAHOMA

Verification of citizenship status: New legislation takes effect November 1, 2007, requiring the Board of Nursing to issue a certificate 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 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 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.

Completion of an advanced unlicensed assistant training program: You must have completed an advanced unlicensed assistant training program approved by the Oklahoma Board of Nursing, or have completed equivalent training as approved by Board staff. A *Training Program Verification Statement* must be submitted to the Board from the director of the training program.

Completion of the certification examination: Once all other requirements for certification have been met, you will be made eligible to take the written and skills portions of the AUA certification examination. A registration form for the AUA certification examination will be mailed to you from the Board office, along with a list of approved testing sites. You may call to make an appointment to test at any approved testing site. You must take the completed registration form with you when you go in to take the examination.

Review of criminal history: Applicants for AUA certification 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. **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 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 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, attach your signed and dated photograph, 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 certification 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 certificate will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must 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.

4. **Photograph:** Attach a signed and dated original photograph taken within the last two years in the indicated space with scotch tape (DO NOT STAPLE). **Photographs must meet the following criteria:**
 - A. SIZE: 2" X 2"
 - B. FACE SIZE: 1" minimum or 1 ½" maximum, excluding hair, from the scalp line to the bottom of the chin. Full face view-**WITHOUT GLASSES**. Eyes should be clearly visible.
 - C. BACKGROUND: Neutral background without shadows.
 - D. FINISH: Black and white or color. Semi-matte or glossy finish.
 - E. SIGNATURE: Photograph must be legibly signed and dated in the border at the bottom, side, or top. **DO NOT SIGN ACROSS YOUR FACE.**
 - F. **Personal camera snapshots, booth-type, or photocopies of photos are not acceptable.**
5. Attach to your application a money order, certified check or cashier's check in the amount of \$20.00 payable to the Oklahoma Board of Nursing. **Personal checks will not be accepted.** If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review. Submit the application and fee to the Oklahoma Board of Nursing.

TRAINING PROGRAM VERIFICATION STATEMENT

A *Training Program Verification Statement* should be submitted from your program after you have graduated. This form must be completed by the AUA training program, signed by the program director, and notarized.

TAKING THE AUA EXAMINATION

After your application has been reviewed and approved, you will receive a registration form from the Board. When you have completed this form and attached the registration fee, you can call to make an

appointment to take the written and skills examination at an approved testing center. After your testing is completed, the testing center will submit the registration form and your fee to the testing service with your examinations. The testing service will grade your examination and provide the results to the Oklahoma Board of Nursing, who will notify you of the results and provide a certification card. Until you are certified, you cannot work in the position of an Advanced Unlicensed Assistant.

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes occurring during the registration and testing process. This notification must be signed and submitted in person, by mail, or by facsimile.

Your application to the Board is valid for one year after receipt. After that time, a new application and fee must be submitted. If you take and fail the examination, a rewrite 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.**

Common Mistakes That Delay Application Processing

- **Leaving application questions incomplete or unanswered, or not providing a Social Security number**
- **Failing to provide the full legal name (with the notation “NMN” if no middle name)**
- **Failing to provide license or certificate numbers, if the applicant holds another health-related license or certificate**
- **Failing to sign and date the photograph, or signing illegibly**
- **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 a Training Program Verification Statement be submitted directly by the AUA program**
- **Having a different name on the application from the name on the *Training Program Verification Statement***

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

(405) 962-1800

APPLICATION FOR CERTIFICATION AS AN ADVANCED UNLICENSED ASSISTANT

TYPE OR PRINT IN BLACK INK ONLY

I hereby make application for certification as an Advanced Unlicensed Assistant in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3).

SECTION I: APPLICANT INFORMATION

Female Male

Social Security# _____ - _____ - _____

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

Name to appear on certificate: (3 Full Names) _____
First Middle or Maiden Last

Mailing Address: _____
Box Number or Street Address

City State Zip Telephone Number (_____) _____

Email Address _____ Birth Place _____ Birth Date ____/____/____
mm dd yyyy

SECTION II: EDUCATION

Name of AUA training program _____
School Name

Campus Location _____
City State

Date you entered program ____/____/____ Date you completed program ____/____/____
Mo/Yr Mo/Yr

SECTION III: LICENSURE/CERTIFICATION HISTORY

Have you ever held a license or certificate in any health care field? Yes No

If yes, which state: _____ Lic/Cert type : _____ Lic/Cert Number: _____

SECTION VI: PHOTOGRAPH

**TAPE 2" X 2"
PHOTO HERE**

**SIGN AND
DATE PHOTO
PLEASE!**

Photograph must meet the following guidelines:

- Size 2" x 2" with minimum 1" full face view without glasses;
- Neutral clothing; light colored clothing;
- **Signed and dated on the front. Do not sign across the face.**

SECTION V: 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 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 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 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 VII: 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 (Minor traffic violations do not include DUI.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever been convicted of a felony in any state, territory, or country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Have you ever been judicially declared incompetent in any state, territory, or country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If any answer to any question #1 through #4 is "YES", please submit a letter of description and certified copies of Information Sheet, Charges, Judgment and Sentence, verification of completion, 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 VIII: 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 that I must attach a cashier's check or money order for \$20.00 to my application form prior to submission.
- I understand I must tape an original 2" x 2" photograph with my signature and date to the application form.
- I understand that I must request that my AUA training program submit a notarized Training Program Verification Statement directly to the Board office.
- 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. If I am a qualified alien, I must bring an *Evidence of Status Form* and 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.

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 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 certification.

Signature of Applicant: _____
FIRST MIDDLE MAIDEN (IF APPLICABLE) LAST

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: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) 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 _____ (SEAL)

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:

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/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 Licensure/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 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 or 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 of my status in order to apply for: (CHECK ONE OF THE FOLLOWING)

- Renewal Reinstatement License/Certificate by Examination License by Endorsement
DOCUMENTATION TO DETERMIN QUALIFIED ALIEN STATUS

If you are a qualified alien, please bring one of the original, expired 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-688 B

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 "274a.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 a 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 "274a.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

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

Notary Signature

(SEAL)

Commission Number: My Commission Expires: