

**INSTRUCTIONS AND APPLICATION
FOR REINSTATEMENT OF LAPSED
ADVANCED UNLICENSED ASSISTANT CERTIFICATE**

Application fee = \$65.00

Use this application if:

- **You have been previously certified as an advanced unlicensed assistant (AUA) in Oklahoma; and**
- **Your certification is currently lapsed, suspended, voluntarily surrendered, or revoked.**

Persons employed as an AUA WITHOUT a valid Oklahoma certification are notified to cease employment immediately until a valid AUA certificate is issued. Continued employment in a position requiring AUA certification WITHOUT a valid AUA certification will be considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.

**REQUIREMENTS FOR REINSTATING YOUR
AUA CERTIFICATE 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 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 certificate 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 certificate 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: The application for reinstatement must be accompanied by one of the following:

- notarized verification of employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or

- documentation verifying successful completion of twelve hours of clinical in service appropriate to the AUA role within the previous 24 months; or
- rewriting the certification examination with a passing score, both the written and core skills portions of the exam; or
- documentation verifying initial certification as an AUA within the 24 months immediately prior to reinstatement of AUA certification.

Review of criminal history: Applicants for reinstatement 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 certification card**. If you have had a name change since your certificate has not been in an active status, you must submit a *Name Change Request* and the 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, 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 license 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.

This information should accompany your application for licensure and fee, unless you previously reported this arrest with a previous application for licensure.

4. **Verification of continuing qualifications for practice:** If the answer to question #1 or #2 on the *Application for Reinstatement of Certification* is "yes", submit one of the following documents:
- a. an *AUA Employment Verification Form* verifying employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or
 - b. documentation verifying successful completion of twelve hours of clinical in service appropriate to the AUA role within the previous 24 months; or
 - c. a request for a registration to rewrite the certification examination; or
 - d. verification on the application form that initial certification as an AUA was completed within the 24 months immediately prior to reinstatement of AUA certification.

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 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**
- **Not providing a Social Security number**
- **Failing to provide the full name under which you were certified (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**

OKLAHOMA BOARD OF NURSING

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

APPLICATION FOR RECERTIFICATION OF LAPSED AUA CERTIFICATION

TYPE OR PRINT IN BLACK INK ONLY

I hereby make application to reinstate my 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

OK Certificate Number _____

Social Security # _____ - _____ - _____ Birth Date _____ mm _____ dd _____ yyyy

Name as it appears on certificate: (3 Full Names) _____

Mailing Address: _____
Box number or Street Address _____

City _____ State _____ Zip _____ Telephone Number (____) _____

Email Address _____

SECTION II: EMPLOYMENT AND CONTINUED QUALIFICATIONS

Are you currently employed in a position requiring an AUA certificate in Oklahoma? Yes No

If yes, list name and address of employer, your position title and the last date you worked in a position requiring an AUA certificate:

_____ Name of Employer	_____ Address
_____ Name of Supervisor	_____ Supervisor's Telephone Number
_____ Position Title	_____ Last Date Worked in Position Requiring AUA certificate

If no, list name and address of most recent employer:

_____ Name of Employer	_____ Address
_____ Position Title	_____ Last Date of Employment

Have you practiced in a position requiring an AUA certificate in Oklahoma since your certificate was not in an active status? Yes No

If yes:

_____ Name of Employer	_____ Address
_____ Name of Supervisor	_____ Supervisor's Telephone Number
_____ Position Title	_____ Last Date Worked in Position Requiring AUA certificate

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

SECTION III: VERIFICATIONS OF CONTINUING QUALIFICATIONS FOR PRACTICE

- I have maintained employment as an Advanced Unlicensed Assistant for a minimum of 12 months within the previous 24 months immediately prior to recertification. Dates of employment are _____ through _____.
(MM/DD/YYYY) (MM/DD/YYYY)
- I have completed 12 hours of clinical inservice appropriate to the AUA role within the previous 24 months. **(Attach documentation verifying completion of these 12 hours.)**
- I was initially certified as an AUA within the 24 months immediately prior to this recertification.
- I want to retake the AUA written and skills certification examination again. Please send me a registration form. I understand that my application will not be processed until the examination is successfully passed.

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 AUA certificate: any health-related license, recognition, or certificate; or any application for a 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, 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 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 \$65.00 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 AUA certification, I must request that my employer submit an *Employment Verification Form* and a job description directly to the Board office.**
- I understand that I must 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 certification.

Signature of applicant: _____

I certify that on the date set forth below, the individual name 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 ____ day of _____, _____.

Notary Public Signature: _____

My Commission Expires: _____ (NOTARY SEAL)

OKLAHOMA BOARD OF NURSING
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

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 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 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

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: _____

OKLAHOMA BOARD OF NURSING

2915 N. Classen Boulevard, Suite 524

Oklahoma City, Oklahoma 73106

Telephone: (405) 962-1800

Fax: (405) 962-1821

DATE: _____

NAME OF AUA: _____

EMPLOYMENT VERIFICATION FORM

Please authorize your immediate nursing supervisor or the director of nursing to complete this form and return it to the Board office by mail or facsimile as soon as possible. After this information has been received in the Board office, your application will again be reviewed.

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 Position Requiring AUA Certification: _____

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

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

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

The Oklahoma Nursing Practice Act (Oklahoma Statutes 59 O.S. § 567.1 et seq.) requires that any person who represents himself/herself as an Advanced Unlicensed Assistant (AUA) in this state must have a current Oklahoma AUA certificate. Continued employment as an AUA (including orientation to a position that requires AUA certification) without a valid AUA certificate is considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.

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: _____