

**OKLAHOMA BOARD OF NURSING**

2915 N. Classen Boulevard, Suite 524

Oklahoma City, Oklahoma 73106

Telephone: (405) 962-1800

DATE: \_\_\_\_\_ TYPE OF APPLICATION \_\_\_\_\_

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: \_\_\_\_\_