

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

## **INSTRUCTIONS AND APPLICATION FOR ENDORSEMENT FOR NURSES EDUCATED IN FOREIGN COUNTRIES**

*Application Fee - \$125.00 (Endorsement \$85.00 + Education Equivalence \$40.00)  
If a temporary license is requested – Add \$10.00*

Use this application if you:

- Were educated in a nursing program in a country outside the United States and U.S. territories; and
- Were originally licensed in a country outside the United States and U.S. territories; and
- Have not previously held a license (at the same level) in Oklahoma; and
- Want to endorse your license into Oklahoma.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION. Please note that an applicant educated in a U.S. territory not recognized as a full member of National Council of State Boards of Nursing (NCSBN) must meet the requirements for applicants educated in foreign countries. An applicant educated in a U.S. territory that is a full member of NCSBN but in a nursing education program not included on the NCSBN state-approved programs of nursing list at the time of the applicant's graduation from the program must meet the requirements for applicants educated in foreign countries.

## **REQUIREMENTS FOR LICENSURE IN OKLAHOMA**

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

**Graduation from a government-approved program of registered or practical nursing:** You must be a graduate of a government-approved program of registered or practical nursing, as verified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). A translated transcript from the nursing education program with certified proof of translation must be provided by CGFNS or directly from the nursing education program. The nursing education program you attended **must have included theory and clinical experience in the following areas:**

- Care of the adult
- Care of children
- Maternal-newborn nursing
- Psychiatric-mental health nursing (no psychiatric clinical experience is required for licensed practical nurses)

An evaluation of educational requirements must be conducted by the Commission on Graduates of Foreign Nursing Schools. You may make arrangements to have either of the following credentials presented directly to the Oklahoma Board of Nursing from the Commission on Graduates of Foreign Nursing Schools (CGFNS):

- a. A *Verification of CGFNS Certificate Letter and Forwarding Professional Education & Professional Registration/Licensure form*, **or**
- b. A *Healthcare Profession and Science Course-by-Course Report*, completed by the Credentialing Evaluation Service of CGFNS

Please see the instructions for further information on obtaining the necessary documents from CGFNS. Reports received from CGFNS must have been completed within the five (5) years immediately preceding the date of application for licensure by endorsement. The five-year requirement is waived if the applicant holds a license in another state.

**Completion of the licensure examination:** In order to be eligible for licensure by endorsement, the registered nurse must be licensed by exam as follows:

- a. After February 1, 1989: by achieving a score of “PASSED” on the National Council Licensure Examination (NCLEX-RN), OR
- b. Between July 1, 1982, and February 1, 1989: by passing the NCLEX-RN with a score of at least 1600, OR
- c. Between January 1, 1952, and July 1, 1982: by passing the State Board Test Pool Examination (SBTPE) for registered nurse licensure in medical nursing, surgical nursing, obstetrical nursing, nursing of children and psychiatric nursing with a score of 350 or more in each subject, OR
- d. Canadian nurses originally licensed by exam in the following provinces in the years indicated: Alberta 1952-70; British Columbia 1949-70; Manitoba 1955-70; Newfoundland 1961-70; Nova Scotia 1955-70; Prince Edward Island 1956-70; Quebec (*English language*) 1959-70; and Saskatchewan 1956-70.

RN licensure by the following exams is **not recognized:** New Mexico 1974; Puerto Rico prior to 1976 or after August, 2006; Puerto Rico-Spanish language version exam any year; Alaska prior to 1954; Virgin Islands prior to 1964; Guam prior to 1969; any State constructed Examination; any foreign exam. Any nurse originally licensed by any of these exams must write and pass the licensing examination adopted by the Oklahoma Board of Nursing.

In order to be eligible for licensure by endorsement, the licensed practical nurse must be licensed by exam as follows:

- a. LPNs who were licensed between July 1, 1954, and October 1, 1988, must have passed the examination adopted by the Board for practical nurse licensure achieving a standard score of 350 on either the State Board Test Pool Examination (SBTPE) for licensed practical nurse licensure or the National Council Licensure Examination (NCLEX-PN).
- b. LPNs licensed since October 1, 1988, must have achieved a score of “PASSED” on the NCLEX-PN.

LPN licensure by the following exams is **not recognized**: California- May 1974 through September 1986; Texas prior to 1969; Puerto Rico prior to 1976 or after August 1, 2006; Puerto Rico-Spanish language version exam any year; any foreign exam. Any nurse originally licensed by any of these exams must write and pass the licensing examination adopted by the Oklahoma Board of Nursing.

**Verification of licensure in the country in which you graduated:** You must hold a license in the country in which you graduated from your nursing education program. Licensure must be verified in the form of an official verification received directly from the Commission on Graduates of Foreign Nursing Schools (CGFNS – see instructions for contact information). If you are also licensed in another U.S. state or territory, your licensure status must also be verified from the board in the state in which you were originally licensed.

**Submission of evidence of continuing qualifications for practice:** You must submit evidence of continued qualifications for practice through completion of one of the following requirements within the last two years prior to receipt of the application in the Board office:

- a. Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course approved by the Board (see list of approved refresher courses on website: [www.ok.gov/nursing/refresher.pdf](http://www.ok.gov/nursing/refresher.pdf)); or
- b. Successfully passing the National Council Licensure Examination for Registered or Practical Nurses; or
- c. Submission of an official transcript verifying successful completion of at least seven academic semester credit hours (or 105 contact hours) of nursing courses which include classroom and clinical instruction; or
- d. Present an *Employment Verification Form* and an accompanying job description that provides evidence of licensure in another state and employment in a position requiring nursing licensure with verification of at least 520 work hours during the past 2 years. **This form must be submitted directly to the Board from the employer.**

Applicants for endorsement who took the NCLEX examination for initial licensure within the last two years must provide evidence of completion of the nursing education program within two years of initial application for licensure by examination or have at least six months work experience in the state or country of original licensure.

**Verification of high school completion:** Applicants for LPN licensure must either have earned a high school diploma or a high school equivalency certificate (GED); or have met the criteria for an Adult High School Diploma;

**Verification of English language competence:** All foreign-educated applicants must submit verification of current English language competence, with the exception of: 1) graduates of nursing education programs taught in English in Australia, Canada (except Quebec), Ireland, New Zealand, Trinidad, Tobago, Jamaica, Barbados, South Africa and the United Kingdom; 2) applicants who are licensed in another U.S. state or territory and have successfully completed the licensure examination approved by the Board and have at least one year full-time equivalent work experience in a clinical setting as a registered nurse or practical nurse in the state of licensure. An original official copy of the scores must be received directly from the testing service. Photocopies will not be accepted. If the testing entity indicates the scores are considered not valid and/or expired, the test scores will not be accepted.

Verification of English language competence includes the following:

- a. Passing scores for Test of English as a Foreign Language (TOEFL), Test of Spoken English (TSE) and Test of Written English (TWE); or for the TOEFL-iBT, offered by the Educational Testing Service; or
- b. Passing scores for Test of English for International Communication (TOEIC), Test of Spoken English (TSE), and Test of Written English (TWE), offered by the Educational Testing Service; or
- c. Passing scores for International English Language Testing System (IELTS).

**Passing Scores Established for English Language Competency Testing:**

|           | <b>RN</b>             | <b>LPN</b>                    |                      |
|-----------|-----------------------|-------------------------------|----------------------|
| TOEFL     | 540                   | 530                           | (paper/pencil based) |
|           | 207                   | 197                           | (computer based)     |
| TSE       | 50                    | 50                            |                      |
| TWE       | 4.0                   | 4.0                           |                      |
| TOEIC     | 725                   | 700                           |                      |
| TSE       | 50                    | 50                            |                      |
| TWE       | 4.0                   | 4.0                           |                      |
| IELTS     | 6.5 (academic module) | 6.0 (general training module) |                      |
|           | 7.0 (spoken band)     | 7.0 (spoken band)             |                      |
| TOEFL-iBT | 26 Speaking           | 26 Speaking                   |                      |
|           | 83 Total              | 79 Total                      |                      |

**Review of criminal history:** All applicants for Oklahoma licensure must submit an original copy of a criminal history record search conducted by the Oklahoma State Bureau of Investigation (OSBI) no more than three (3) months prior to submission of the application.

In addition to the criminal history record search, applicants for licensure 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*.

An applicant for a license to practice as a registered nurse or licensed practical nurse must submit to the Oklahoma Board of Nursing “certified written evidence that the applicant has never been convicted in this state, the United States or another state of any felony, unless five (5) years have elapsed since the date of the criminal conviction or the termination of any probation or other requirements imposed on the applicant by the sentencing court, whichever shall last occur, or a presidential or gubernatorial pardon for the criminal offense has been received” [59 O.S. §567.5]. **Therefore, applicants for licensure in Oklahoma with one or more felony convictions cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received.**

## **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](http://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.
2. ***Citizenship:*** All applicants for licensure 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 “Primary Evidence of Citizenship” on the *Evidence of Status Form: Part A*. 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* to the Oklahoma Board of Nursing office, along with the original documents that support your qualified alien status, as shown under “Documentation to Establish Qualified Alien Status” on the *Evidence of Status***

**Form: Part B.** 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, fee, and a copy of your OSBI criminal history record search.**

4. **Photograph:** Attach a signed and dated photograph taken within the last two years in the indicted 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. ***Criminal History Search:*** All applicants for initial licensure in Oklahoma must submit an original copy of a criminal history record search conducted by the Oklahoma State Bureau of Investigation (OSBI) no more than three (3) months old. **The criminal history search must include a sex offender check.** The results of the criminal history record must be submitted to the Oklahoma Board of Nursing by the applicant, and must accompany the application for licensure. To obtain a copy of the criminal history record, you must submit a Criminal History Information Request form (form #CHRD01) and the required fee to the OSBI in person or by mail at the following address:

**Oklahoma State Bureau of Investigation  
Criminal History Reporting Unit  
6600 North Harvey, Building Six  
Oklahoma City, OK 73116  
800/522-8017**

A copy of the criminal history record form and instructions may be obtained from the OSBI, or online at <http://www.osbi.state.ok.us>. **Photocopies, faxed copies, or forms completed by employment service providers will not be accepted.** The criminal history record search should be submitted on the form that is supplied by the OSBI. Please put your name and address at the top in the space provided for “Name of Individual, Business or Agency Making Request”, in order to ensure the form is returned to you. Please ensure that all personal data is completed, including but not limited to all names used and Social Security number. The OSBI will mail the criminal history record search results directly to you, and **you must send the original form to the Oklahoma Board of Nursing.** Allow 3-4 weeks to obtain the results of the search.

6. ***Fee:*** Submit the complete application to our office with the fee of \$125.00 (cashiers check, money order, or personal check. All fees are non-refundable. If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review.
7. ***CGFNS credentials evaluation or certification:*** Contact the Commission on Graduates of Foreign Nursing Schools to apply for a *Health Profession and Science Course-by-Course Report* or for a *Verification of CGFNS Certificate Letter and Forwarding Professional Education & Professional Registration/Licensure* form. The contact information for CGFNS is as follows:

**Commission on Graduates of Foreign Nursing Schools  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2665  
(215) 349-8767  
[www.cgfns.org](http://www.cgfns.org)**

The *Health Profession and Science Course-by-Course Report* will verify the status of your licensure in your country of origin, verify the school attended was government-approved, obtain an official transcript from your nursing education program, and evaluate your healthcare and sciences courses in terms of comparability to U.S. nursing programs. A *Verification of CGFNS Certificate Letter and Forwarding Professional Education & Professional Registration/Licensure* form will be accepted in lieu of a *Health Profession and Science Course-by-Course Report*. The certification process includes licensure verification, an educational evaluation, English language competency testing and an evaluation of readiness for the NCLEX examination through a qualifying examination. While the qualifying examination is not required for Oklahoma licensure, a holder of a CGFNS certificate obtained within the last five years is deemed to have met the requirements for establishing licensure verification. The translated transcript submitted by CGFNS will be evaluated by the Board staff to ensure that the nursing curriculum includes required theory and clinical courses. The CGFNS certificate holder has also completed the TOEFL, TOEIC, or IELTS portions of the English language competency testing, but must still submit scores for the TSE and TWE, if the TOEFL or TOEIC tests were used. The individual may then be approved to take the NCLEX, if other endorsement requirements are met.

8. **Temporary License:** To request a temporary license, check the box on the first page of the *Application for Licensure by Endorsement*. Submit a \$10.00 temporary license fee with your application fee. Current licensure in another state is required. Requirements for a temporary license include:

- A completed application form
- Fee for endorsement and for the temporary license
- Proof of current licensure in another state (for example, submission of a notarized copy of your current license card, verification of licensure from the state's website, or receipt of an interstate verification)
- Verification of licensure status, completion of a board-approved nursing education program, and passing the licensure examination from your original state of licensure
- Receipt of completed CGFNS report and transcripts that verify eligibility for licensure
- Receipt of current passing English language testing scores, if required for licensure
- Receipt of an *Evidence of Status* form and notarized appropriate documentation

A temporary license will not be issued to anyone who has had a history of arrest, criminal charges, adjudication of incompetence, or disciplinary action, or who will be required to take the NCLEX exam or meet additional requirements for continuing qualifications for practice prior to licensure in Oklahoma. A temporary license will not be issued if the application is complete.

9. **Interstate Verification:** Verification of licensure in your original state of licensure is required if you are licensed in the United States. This verification may come in written form directly from the board of nursing in the original state of licensure or from the Nursys system at the National Council of State Boards of Nursing. Please note that each

state or Nursys will charge a fee for this verification. Contact your state of original licensure or log on to [www.nursys.com](http://www.nursys.com) for information on fees. A form to request the verification directly from the board of nursing is attached to this application packet. Information to allow you to request verification from Nursys can be accessed at: [www.nursys.com](http://www.nursys.com). The states from which licensure can be requested via Nursys are listed.

If your original state of licensure is not listed on the Nursys Instruction Form, you must send the written verification request to the state directly. Contact the Board of Nursing in your original state of licensure to determine the process and fee charged to verify your licensure credentials to another state. Complete the top section of the *Interstate Verification Form* and **mail it with the required fee to the Board of Nursing in your original state of licensure** or follow the process as directed by the Board of Nursing in your original state of licensure.

10. ***Verification of continuing qualifications for practice:*** If you have already taken the NCLEX examination and have worked at the applicable level of licensure for a minimum of 520 hours in the last two years, please request that your employer submit an *Employment Verification Form* and job description. Each employer providing verification must complete and submit a separate form. **Please note that this form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department and submitted directly to the Board.**

If you have not practiced as a nurse for at least 520 hours in the last two years prior to submitting an application for licensure by endorsement, you must provide an official transcript or certificate of completion for a refresher course approved by the Oklahoma Board of Nursing or an official transcript documenting hours earned in a board-approved nursing education program. A list of Board-approved refresher courses is available on our website: [www.ok.gov/nursing](http://www.ok.gov/nursing). If you have not worked, completed a board-approved refresher course, or completed hours in a nursing education program, please note on the application for licensure by endorsement that you wish to re-take the NCLEX examination to establish continuing qualifications for practice. A registration form for the NCLEX examination will be then mailed to you.

If you took the NCLEX within the last two years and graduated from your nursing education program more than two years prior to taking the NCLEX, you must provide verification through an *Employment Verification Form* of at least six months work experience in your state or country of original licensure.

## **GENERAL INFORMATION**

The *Oklahoma Nursing Practice Act* requires you to obtain a dated Oklahoma temporary license or valid Oklahoma license **prior** to employment in nursing in Oklahoma. **You must obtain a license before orienting or working in a position requiring a nursing license.** A temporary license may only be granted to applicants who possess a current unrestricted license in another U.S. state or territory. Issuance of a temporary license does not guarantee you will qualify for permanent licensure in Oklahoma.

Please allow 14 calendar days to process your application from the time a **completed** application and all required materials are received in the Board office. All applications are reviewed in the order in which they are received. If further review is required, the processing time may be lengthened.

The fee for endorsement for the foreign educated nurse is \$125.00 (endorsement \$85.00, educational equivalence evaluation \$40.00) in the form of a personal check, cashiers check, or money order (add \$10.00 if you request a temporary license). Checks may be payable to the Oklahoma Board of Nursing. All fees are nonrefundable.

Your *Application for Licensure by Endorsement* is valid for one year from the date it is received in the Board office. All requirements must be met within that year; otherwise, a new application, photograph, and fee must be submitted.

Registered Nurse licenses expire the last day of licensee's birth month in even-numbered years. Licensed practical nurse licensure expires on the last day of licensee's birth month in odd-numbered years following the date of issuance. **Fees are not pro-rated and are non-refundable.**

If you are an Advanced Practice Nurse (Advanced Registered Nurse Practitioner-ARNP; Clinical Nurse Specialist-CNS; Certified Nurse Midwife-CNM; or Certified Registered Nurse Anesthetist-CRNA), **you may not practice in Oklahoma as an advanced practice nurse until you have a current Oklahoma license to practice registered nursing and are approved for a certificate of recognition for practice as an Advanced Practice Nurse from the Oklahoma Board of Nursing.** To obtain an application for recognition as an advanced practice nurse, you may access the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing) and click on "Forms".

## **Common Mistakes That Delay Application Processing**

- **Leaving application questions incomplete or unanswered**
- **Not providing a Social Security number**
- **Failing to provide the full legal name (with the notation “NMN” if there is no middle name)**
- **Failing to provide license or certificate numbers for all licenses held**
- **Failing to request that all required CGFNS documentation be submitted directly to the Board office by CGFNS**
- **Failing to request that current, official English language test scores be submitted directly to the Board office by the testing service, if English language testing is required**
- **Failing to submit a *Criminal History Records Search* conducted by the Oklahoma State Bureau of Investigation within the 90 days prior to receipt of the application in the Board office**
- **Failing to request the *Employment Verification Form* be submitted directly from your employer to verify 520 hours work experience in the past two years**
- **Failing to answer all application questions completely**
- **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**

**OKLAHOMA BOARD OF NURSING**

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

**APPLICATION FOR LICENSURE BY ENDORSEMENT  
FOR APPLICANTS EDUCATED IN FOREIGN COUNTRIES**

**TYPE OR PRINT IN BLACK INK ONLY**

I hereby make application for licensure as a Registered Nurse/Licensed Practical Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.1- 567.17).

**SECTION I: APPLICANT INFORMATION**

RN  LPN  Temporary License Requested: Yes  No   
Female  Male  Advanced Practice Nurse: Yes  No   
(ARNPs, CNMs, CNSs, and CRNAs must submit an  
Application for Advanced Practice Recognition in  
addition to the endorsement application).

Social Security # \_\_\_\_\_

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

Name to appear on license: (3 Full Names) \_\_\_\_\_

Mailing Address is: \_\_\_\_\_  
Box number or Street Address  
\_\_\_\_\_  
City State Zip Telephone Number (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**SECTION II: EDUCATION**

High School Name \_\_\_\_\_ Location \_\_\_\_\_  
Date of high school graduation \_\_\_\_\_ or Date of GED \_\_\_\_\_  
Name 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 \_\_\_\_\_ Mo/Yr Date you completed program \_\_\_\_\_ Mo/Yr

**SECTION III: LICENSURE HISTORY**

State/Country of Original licensure \_\_\_\_\_ Original License No. \_\_\_\_\_  
Have you ever been licensed in Oklahoma? Yes  No  (If yes, check one) RN  LPN   
List all other states in which you are licensed: State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

**SECTION IV: EMPLOYMENT AND CONTINUED QUALIFICATIONS**

List name and address of last nursing employer, your position title and dates of employment

|                           |                                       |
|---------------------------|---------------------------------------|
| _____<br>Name of Employer | _____<br>Address                      |
| _____<br>Position Title   | _____<br>Inclusive Date of Employment |

Are you currently practicing as an RN/LPN in Oklahoma? Yes  No

If yes, give name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

**Verification of Continuing Qualifications for Practice**

I verify that I have maintained continued qualifications for practice through completion of one or more of the following **(Check all of the following that apply. You must submit the requested documentation in order for your application to be considered):**

- I have completed a refresher course within the last two years with content consistent with Board policy. **(Please request that the institution offering the Oklahoma Board of Nursing approved refresher course submit an official transcript or certificate of completion).**
- I want to take the National Council Licensure Examination (NCLEX). Please send me a registration form. I understand that my application will not be processed until the examination is successfully passed.
- I have completed at least seven (7) academic semester credit hours (or 105 contact hours, for LPNs enrolled in practical nursing) of nursing courses within the last two years which have included the classroom and clinical instruction. **(Please request that the education institution submit an official transcript to the Oklahoma Board of Nursing.)**
- I am licensed in another state and have been employed in that state in a position requiring nursing licensure for a minimum of 520 work hours in the past two years. **(Please request that an *Employment Verification Form* be completed by your employer and submitted directly to the Board office.)**
- I have taken the NCLEX examination within the last two years. I understand that Oklahoma requires completion of the nursing education program within two years of initial application for licensure by examination or at least six months work experience in the state of original licensure. **(If you took the NCLEX examination within the last two years, please request that either an official transcript be submitted from your nursing education program or an *Employment Verification Form* be completed and submitted directly to the Board Office by your employer).**

**SECTION V: 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" view without glasses;
- Neutral background; light clothing;
- **Signed and dated on the front. Do not sign across the face.**

## SECTION VI: 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 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 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 violations (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 the Information Sheet, Charges, Judgment and Sentence, 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.**



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

**OKLAHOMA INTERSTATE VERIFICATION FORM  
 TO BE COMPLETED BY APPLICANT AND MAILED TO ORIGINAL STATE OF LICENSURE:**

Name: \_\_\_\_\_  
                     First                            Middle                            Maiden                            Married

Mailing Address \_\_\_\_\_  
                             Street Address/Box Number                            City                            State/Zip Code

Social Security Number: \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the \_\_\_\_\_ Board of Nursing  
 (signature of licensee) (State/Country of original licensure)  
 to complete the verification form below. My records are under the name of \_\_\_\_\_ and  
 license/certificate number \_\_\_\_\_.

\*\*\*\*\*  
**TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE/COUNTRY OF ORIGINAL  
 LICENSURE ONLY:**

This is to certify that the above named was issued certificate/license number

\_\_\_\_\_

To practice: Registered Nursing \_\_\_\_\_ Date of issuance: \_\_\_\_\_  
 Practical Nursing \_\_\_\_\_  
 Licensed by: Examination \_\_\_\_\_ Current licensure status: Active \_\_\_\_\_  
 Endorsement \_\_\_\_\_ Inactive \_\_\_\_\_  
 Waiver \_\_\_\_\_ Lapsed \_\_\_\_\_

Date license expires \_\_\_\_\_

Has this license ever been revoked, suspended, surrendered, restricted, placed on probation, reprimanded, or currently under investigation? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide information.

|              | SBTE/NCLEX RESULTS |       |       |         |       |       |
|--------------|--------------------|-------|-------|---------|-------|-------|
|              | Med.               | Surg. | Obs.  | Nsg.Ch. | Psy   | NCLEX |
| Score        | _____              | _____ | _____ | _____   | _____ | _____ |
| Series       | _____              | _____ | _____ | _____   | _____ | _____ |
| Date of Exam | _____              | _____ | _____ | _____   | _____ | _____ |

How many times did the individual take the exam? \_\_\_\_\_  
 Name and location of nursing program: \_\_\_\_\_  
 Type of Program (Check one) \_\_\_\_\_ PN \_\_\_\_\_ ADN \_\_\_\_\_ Diploma \_\_\_\_\_ BSN \_\_\_\_\_ Other \_\_\_\_\_  
 Was school state approved? Yes \_\_\_\_\_ No \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

All information above is true and accurate to the best of my knowledge:  
 Prepared by: \_\_\_\_\_ State: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Title \_\_\_\_\_

**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: \_\_\_\_\_

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

Signature line for 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: