

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

**LICENSURE BY EXAMINATION**  
**INSTRUCTIONS AND APPLICATION**

**APPLICATION FEE - \$85.00**

**Use this application if you:**

- **Are not licensed at the same level in another state, U.S. territory, or country; and**
- **Were educated in a nursing program approved by a member board jurisdiction in the United States or U.S. territory; and**
- **Have not previously held a license (at the same level) in Oklahoma.**

The *Application for Licensure by Examination* form is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION. In addition to completing the application form, you will need to complete an NCLEX registration form, which may be found in the *NCLEX Examination Candidate Bulletin*. You may obtain an *NCLEX Examination Candidate Bulletin* from your nursing education program or from the testing service website: [www.vue.com/nclex](http://www.vue.com/nclex).

**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. An official transcript from the nursing education program must be submitted 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)

**Completion of the licensure examination:** Once all other requirements for licensure have been met, you will be made eligible to take the NCLEX-RN or NCLEX-PN licensure examination. In order to be made eligible, you must have registered with the testing service.

**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.

**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

We recommend that you submit your application to the Oklahoma Board of Nursing approximately two months (but no more than four months) before graduation. This will ensure adequate time for processing.

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, using your full legal name.
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 “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, 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 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.**

4. 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, even if you have previously reported this arrest with a previous application for licensure. We recommend that you submit this material two to four months prior to graduation.**

5. **Photograph:** Attach a signed and dated 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.**
6. **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.

7. ***Fee:*** Attach to your application a money order, certified check or cashier’s check in the amount of \$85.00 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.

<b>TRANSCRIPT</b>
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An official transcript should be submitted from your school after you have graduated. **Transcripts that have been issued to the student will not be accepted.** Many of the nursing education programs automatically send graduate transcripts to the Oklahoma Board of Nursing as a courtesy to their graduates; however, you will need to check with the director of your program on the school’s policy. Please ensure that the transcript includes the conferral date of the degree earned.

Graduates from out-of-state programs should request that the school send an official copy of the transcript to the Oklahoma Board of Nursing. The Oklahoma Board of Nursing must evaluate the curriculum provided in the out-of-state program to ensure that it meets the state’s curricular requirements. Out-of-state candidates must submit **course descriptions** for nursing and related courses for evaluation. The course descriptions must be from the time you were enrolled in the program and may be obtained from the school’s catalog or course syllabi. If the course descriptions from your school do not verify the required curriculum, additional documentation from your program will be required.

## NCLEX REGISTRATION

The National Council Licensure Examination (NCLEX) is administered by Pearson VUE and delivered through Pearson Professional Centers. In order to be eligible to take the examination, you must register with Pearson VUE, in addition to submitting an application to the Oklahoma Board of Nursing. If you did not receive a candidate bulletin and registration form from your school, you may obtain a copy from the testing service website: [www.vue.com/nclex](http://www.vue.com/nclex).

To register for the examination, complete the registration form inside the Candidate Bulletin according to instructions. Include a money order, certified check, or cashier's check for \$200.00 payable to NCSBN. **To expedite the process, you may register with a credit card by telephone at 866-496-2539, or online at: [www.vue.com/nclex](http://www.vue.com/nclex).** Please see the candidate bulletin for details. When registering, we recommend that you provide the testing service your email address, in order to receive your Authorization to Test faster.

## GENERAL INFORMATION

**You must be registered with Pearson VUE to receive an Authorization to Test letter (ATT), which is issued by Pearson VUE after your application has been approved by the Oklahoma Board of Nursing.** Once you are registered with NCLEX, your NCLEX registration will remain effective for one year, awaiting the approval of the Board, or until you are approved and take the examination, whichever comes first. After the Board approves your registration and you have received your ATT, you have 90 days to schedule and take the examination. We recommend that you schedule an appointment **immediately** upon receiving the ATT to ensure that you are able to get your choice of dates and times. You must take the examination within 90 days from the date the ATT was issued or you will forfeit your fee and have to re-register. You may not schedule an appointment until you have received the ATT from NCLEX. Instructions for scheduling an appointment and information regarding test center locations are included with the ATT letter. Please note that you must take the ATT letter and a current I.D. with a signature and photograph to the testing center. Please review the *NCLEX Candidate Bulletin* for information on the types of identification that are acceptable.

Test results will not be provided over the telephone by the Oklahoma Board of Nursing. To obtain your unofficial test results before they are mailed to you, you may contact the NCLEX Quick Results line at 1-900-776-2539.

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. 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.**

## INFORMATION ON TIME LIMIT AFTER GRADUATION TO TAKE AND PASS THE NCLEX

All applicants for licensure by examination must submit a completed application, transcript, and fee to the Board and a completed registration form and fee to the authorized testing service **within two years of completion of the nursing education program**. If more than two years has elapsed, the applicant must complete additional education as follows:

- 1) Successfully complete nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate education level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting ; **or**
- 2) Successfully complete a Board-approved refresher course in accordance with the Board's policy.

After completion of the required additional education, the applicant will have two additional years to take and pass the NCLEX examination [OAC 485:10-7-1 (e) and 485:10-9-1 (e)].

If it has been more than two years since you graduated from your nursing education program, you must submit evidence of either completing a Board-approved refresher course or coursework/clinical experience in a nursing education program, as outlined above. The following evidence will be accepted:

- a) An official transcript from an educational institution offering a board-approved nursing education program at the same educational level as the program you originally completed, documenting at least 80 contact hours of theory/skills laboratory coursework and 80 contact hours in clinical coursework. Credit hours will be converted to contact hours using the following ratios: 15 contact hours per credit hour for theory, 30 contact hours per credit hour for skills laboratory, and 45 contact hours per credit hour for clinical coursework.
- b) An official transcript or original copy of a certificate of completion identifying successful completion from a Board-approved refresher course.

A list of nursing education programs and refresher courses approved by the Oklahoma Board of Nursing is available on our website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Click on the link for "Education". If you wish to obtain the additional education in another state, the nursing education program must be approved by the board of nursing in that state. Refresher course must meet requirements identified in the *Refresher Course Policy* of the Oklahoma Board of Nursing and the refresher course must be approved by the Oklahoma Board of Nursing. You may access the *Refresher Course Policy* and a list of approved refresher courses on our website.

## COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

- **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**
- **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, 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 an official transcript be submitted directly by the nursing education program**
- **Having a different name on the application from the name on the transcript or registration form**
- **Not registering with the testing service for the examination**
- **Failing to provide a Social Security number to the testing service**
- **Failing to submit a degree plan and course descriptions for review (required only for students graduating from out-of-state programs)**

**OKLAHOMA BOARD OF NURSING**

2915 N. Classen Blvd., Suite 524

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(405) 962-1800

**APPLICATION FOR LICENSURE BY EXAMINATION**

**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

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

Female  Male

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

Name to appear on license: (3 Full Names) \_\_\_\_\_  
First Middle or Maiden Last

Mailing Address is: \_\_\_\_\_  
Box number or Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Telephone Number

Email Address \_\_\_\_\_ Birth Place \_\_\_\_\_ 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 \_\_\_\_\_ Date you completed program \_\_\_\_\_  
Mo/Yr Mo/Yr

**SECTION III: LICENSURE HISTORY**

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

If yes, state held: \_\_\_\_\_ Lic/Cert type : \_\_\_\_\_ Lic/Cert Number: \_\_\_\_\_

Have you ever applied for registered nurse or practical nurse licensure by exam in any state? Yes  No

If yes, identify date(s) and state(s): \_\_\_\_\_

**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, 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.**



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**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-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) My Commission Expires: Commission Number: