



OKLAHOMA BOARD OF NURSING

Request for Temporary License for Out of State Licensed Nurse Pursuant to Executive Order 2020-07

Pursuant to Amended Executive Order 2020-07, effective March 17, 2020, any **individual who holds a current nursing license or recognition issued by another state**, may apply for a temporary license to practice nursing in Oklahoma as long as the license/recognition in the other state is in good standing and as long as the Executive Order is in effect. **Note this is only for temporary practice in Oklahoma and is not for multistate practice.** A temporary license with a designated expiration date will be e-mailed to you once approval is granted.

This is a fillable form. You may type on this pdf form and submit as an attachment via email to: obnwebmaster@nursing.ok.gov Place "EMC Temporary License Application" in the email subject line.

Type of license requested: **Temporary RN** **Temporary LPN** **Temporary APRN**

Social Security# _____ - _____ - _____ Date of birth _____ / _____ / _____
This information is mandatory, pursuant to 56 O.S. § 240.21A, MM DD YYYY
for administration of the tax laws of the State of Oklahoma.

My full legal name is _____
First Middle (NMN if none) Maiden (If applicable) Last

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

My mailing address is:

Box Number or Street Address

City State Zip

Telephone (Day) (_____) _____ (Evening) (_____) _____

Email Address _____

I have active nursing licensure in: _____ License Number: _____
State with active licensure

1. Have you ever had disciplinary action taken against a nursing license, certificate, or recognition; any professional or occupational license, recognition, or certificate; and/or any application for a nursing or professional or occupational license, recognition or certificate in any state, territory or country?
Yes No
2. Is there currently any investigation of your nursing license, recognition, or certificate; and/or any professional or occupational license, recognition, or certificate; and/or any application for a nursing and/or professional or occupational license, recognition, or certificate in any state, territory or country?
Yes No

AFFIDAVIT

By checking this box, I declare and affirm that the statements made in this application are true, complete and correct. I understand that any false or misleading information may be cause for denial or loss of this temporary license.

Type full legal name: _____ Date: _____