

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

(405) 962-1800

***ADDITIONAL DOCUMENTATION
FOR ONLINE APPLICATION***

TYPE OR PRINT IN BLACK OR BLUE INK ONLY

I have submitted the following application online. Please add the attached information to my application file. (Check one of the following applications. Please be sure that you have checked the correct type of application.)

- | | |
|---|--|
| <input type="checkbox"/> Write / <input type="checkbox"/> Rewrite the Licensure Examination | <input type="checkbox"/> Write/ <input type="checkbox"/> Rewrite the AUA Certification Examination |
| <input type="checkbox"/> Licensure by Endorsement | <input type="checkbox"/> Licensure by Endorsement for the Nurse Educated Outside the US |
| <input type="checkbox"/> Multistate OK Existing Active/Non-Active | <input type="checkbox"/> Reinstatement or Return to Active Status of AUA Certification |
| <input type="checkbox"/> Reinstatement or Return to Active Status of Licensure | <input type="checkbox"/> Reinstatement or Return to Active Status of AUA Certification |
| <input type="checkbox"/> Reinstatement of Advanced Practice Registered Nurse Licensure | <input type="checkbox"/> Prescriptive Authority Recognition |
| <input type="checkbox"/> CRNA Authority to Select, Order, Obtain, and Administer Drugs | <input type="checkbox"/> Reinstatement of Prescriptive Authority Recognition |
| <input type="checkbox"/> Reinstatement of CRNA Authority to Select, Order, Obtain, and Administer | <input type="checkbox"/> APRN Licensure |

Date Application Submitted: _____

Social Security# _____

Date of birth _____
MM DD YYYY

Name on application _____
First Middle or maiden Last

If any of the following information has changed, ***please check here:*** and enter the current information below:

Mailing Address - Box number or Street Address

City State Zip

Phone (Cell) (_____) _____ (Other: _____) (_____) _____

E-mail _____

The attached documentation should be added to my application file (Please check all that apply. Please note that required documentation varies by application type. Review the application instructions to determine what documentation is required to complete your application.):

- | | |
|---|---|
| <input type="checkbox"/> Continuing education documentation | <input type="checkbox"/> Certified copies of court records or Board Order |
| <input type="checkbox"/> Evidence of Status Form and photocopy of document verifying status | <input type="checkbox"/> Supervising physician agreements |

Signature _____
Date _____