GENERAL INFORMATION

State law requires 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 to the agency, 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 be eligible to receive a license/certification that is valid only for the time period of their authorized stay in the U.S., or, if there is no end date to the time period of their authorized stay, for one year. The license/certification 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 upload an Evidence of Status Form and the required supporting documentation before the application is processed.

INSTRUCTIONS FOR COMPLETION OF THE FORM

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must upload the notarized 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. A license will not be issued until the appropriate documentation is uploaded.

If you are a qualified alien, you must bring the 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 documentation and will make a notarized copy.
EVIDENCE OF STATUS FORM: PART A

Type or Print Clearly – Please use black or blue ink only

Return to the Board office via your Nurse Portal Account.

Date: _____________________________ Social Security #: _____________________________

Full Legal Name: ________________________________________________________________

First Middle Maiden (if applicable) Last

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

PRIMARY EVIDENCE OF CITIZENSHIP

( FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please upload a photocopy of one of the following documents with this form. Place a checkmark below to indicate the document that is attached.

U.S. Citizen or U.S. National

____ A government-issued birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;

____ United States passport (except limited passports, which are issued for periods of less than five years);

____ Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);

____ Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;

____ Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed);

____ Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed);

____ United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);

____ Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

____ Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or

____ American Indian Card with a classification code “KIC” and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)

Alien Lawfully Admitted for Permanent Residence:

____ INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or

____ Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

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

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document.

Subscribed and sworn before me this __________________ day of ______________________, 20__________.

(SEAL)

Notary Public:

Commission #:

Commission Expires:

Evidence of Status Form 10/20/20
EVIDENCE OF STATUS FORM: PART B

Type or Print Clearly – Please use black or blue ink only

Date: ___________________________ Social Security #: ___________________________

Full Legal Name: ________________________________________________________________

First Middle Maiden (if applicable) Last

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

If you are a qualified alien, please bring in person the original, unexpired immigration documents to the Oklahoma Board of Nursing office.

Place a checkmark below to indicate the document(s) 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 “A5”;

___ 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 (RefugeeTravel Document).

Alien Paroled Into the U.S. for at 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-94 with stamp showing admission under §203 (a) (7) of the INA;

___ 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 (b) 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)”;

___ 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 “Cuban/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

(Specify) ________________________________________________________________

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 ___________________________

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document.

Subscribed and sworn before me this __________________ day of ___________________ , 20_________.

Notary Public: ________________________________________________________________

Commission #: ___________________________

Commission Expires: ___________________________

Evidence of Status Form 10/20/20