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

REQUEST FOR CERTIFICATE FOR FRAMING

_____ _____ _____ ___ ____
Date of Birth Social Security Number Certificate # RN LPN

Graduate of _____
(School of Nursing)

_____
City State

PLEASE PRINT OR TYPE: _____
First Middle Maiden Married

_____
Address

_____
City State Zip

****
I CERTIFY THAT I AM THE LICENSEE LISTED ABOVE AND THAT THESE STATEMENTS ARE TRUE.

Signature of Licensee_____
First Middle Maiden Married

Subscribed and sworn to before me this _____ day of _____ 20_____.

_____ _____
My Commission Expires Notary Public

(SEAL)

NOTE: This affidavit must be accompanied by a fee of $15.00

Revised 07/05