

Oklahoma Board of Nursing  
2915 N. Classen Boulevard, Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800  
(405) 962-1821 fax

Please type or print legibly in black ink. Correction fluid may NOT be used on this form.  
Return the completed form to the Board office by mail, hand-delivery or fax.

**REQUEST TO PLACE LICENSE(S), AUA CERTIFICATE OR  
RECOGNITION(S) ON INACTIVE STATUS**

Name as it is on your license / certificate / recognition:

\_\_\_\_\_

First	Middle	Maiden (if applicable)	Last
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Address: \_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_

City	State	Zip Code	Telephone Number
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Please indicate with a checkmark(s), which of the following you request to place on inactive status:

- RN License # \_\_\_\_\_ (Please insert license number)
- LPN License # \_\_\_\_\_ (Please insert license number)
- AUA Certificate # \_\_\_\_\_ (Please insert certificate number)
- APRN-CNP License- Specify certification: \_\_\_\_\_
- APRN-CNM License
- APRN-CNS License- Specify certification: \_\_\_\_\_
- APRN-CRNA License
- Prescriptive Authority Recognition

- *If you have more than one APRN license, please specify which one(s) to place on "inactive" status.*
- *If you are requesting your RN license to be placed on inactive and you hold APRN and/or prescriptive authority recognition, please ensure you request to place your APRN and prescriptive authority recognition on inactive as well or this Request will be returned to you to do so*

My current license / certificate / recognition expires on: \_\_\_\_\_

**Please check one of the following:**

I request my license, certificate and/or recognition(s) be placed on inactive status effective upon approval by the Oklahoma Board of Nursing.

I request my license, certificate and/or recognition(s) remain active until the expiration date in my current renewal period after which time, it will become inactive. *(If you check this option, you may NOT submit this request more than 90 days before your expiration date.)*

Please answer each of the following questions. Minor traffic violations (such as speeding tickets) do not have to be reported; however, please note that charges including, but not limited to, Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) are not considered minor traffic violations and **must** be reported in writing to the Board. A report in writing means that the applicant/licensee provided a signed and dated description stating in his/her own words the date, location, and circumstances of the incident, and if applicable, the resulting action taken by the court, agency, or disciplinary board, as described in the Requirements section of this Form.

1. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or have you been requested to appear before any prosecuting attorney or investigative agency in any matter, **not previously reported in writing to the Oklahoma Board of Nursing?** (Include all such incidents no matter how minor the infraction & whether guilty or not.) Yes\_\_\_\_\_ No\_\_\_\_\_

**If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the court or agency. If you are reporting more than one incident, you must describe every case/charge that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary. Please submit certified copies of the Affidavit of Probable Cause, Information Sheet, Charges, Judgment and Sentence, and verification of completion, with the application.**

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2. 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 **not previously reported in writing to the Board?** Yes\_\_\_\_\_ No\_\_\_\_\_

**If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the disciplinary board. If you are reporting more than one incident, you must describe every case that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary. Please have that licensing agency submit certified copies of the charges/complaints, findings of fact, and orders to the Board.**

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3. 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 **not previously reported in writing to the Oklahoma Board of Nursing?** Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s). If you are reporting more than one incident, you must describe every case that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary.

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4. Have you ever been judicially declared incompetent in any state, territory, or country, **not previously reported in writing to the Oklahoma Board of Nursing?** Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the court. If you are reporting more than one incident, you must describe every case that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary. Please submit a certified copy of the Court Order.

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**Certified copies of court records or Board Orders must be obtained from the court or Board in the jurisdiction in which the offense occurred. The review of your application will not proceed until these records are received.**

I understand that if I place my license, certificate or recognition on the inactive list, I will not receive a renewal notice or any other routine correspondence/notices from the Board. I will not be permitted to represent myself or practice as a licensed nurse, AUA, APRN, or APRN with prescriptive authority in Oklahoma until I return the appropriate license, certificate or recognition to active status and pay the current fee. **I understand that in order to return my license, certificate or recognition to active status, I must meet the requirements established by the Board for continuing qualifications for practice in effect at the time of my application to return my license, certificate or recognition to active status.** (Please refer to the *Oklahoma Nursing Practice Act* and *Rules* to review requirements for return to active status. These requirements are subject to change).

I declare and affirm that the statements made in this request, including any and all accompanying documents prepared by me, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure, certification, and/or recognition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date