

OKLAHOMA BOARD OF NURSING
2915 N. Classen, Suite 524
Oklahoma City, OK 73106
(405) 962-1800

REQUEST FOR OKLAHOMA NURSING PRACTICE ACT WITH RULES

Enclosed is my cashier's check or money order in the amount of _____ for _____ copy /copies (at a cost of \$15 each) of the Oklahoma Nursing Practice Act/Rules relating to nursing education, licensure and practice.

Mail to the following name and address:

Please return this form with your payment.