

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.nursing.ok.gov/

**INSTRUCTIONS and APPLICATION for REINSTATEMENT of
TEMPORARY ADVANCED UNLICENSED ASSISTANT
CERTIFICATE PURSUANT to EXECUTIVE ORDER 2020-07**

If your AUA certification has not been in an active status for MORE than two (2) years, you ARE NOT eligible for a temporary certification.

**PLEASE REVIEW THESE INSTRUCTIONS
BEFORE COMPLETING THE APPLICATION**

**REQUIREMENTS for REINSTATING or Returning
your AUA CERTIFICATE to TEMPORARY STATUS**

Verification of citizenship status: State law requires the Board of Nursing to issue a certificate only to U.S. citizens, nationals and legal permanent resident aliens. By law, qualified alien applicants must present, *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.

Note: Please call 405.962.1800 or 405.962.1832 to schedule an appointment. If directed to leave a message, please leave your name, phone number and reason for call. Staff will return your call as soon as possible.

If your AUA certification has not been in an active status for LESS than two (2) years, the following continuing qualifications for practice are waived.

Verification of continuing qualifications for practice: The application for reinstatement must include one of the following:

- verification of employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or

- verification of successful completion of twelve hours of clinical in service appropriate to the AUA role within the previous 24 months; or
- rewriting the certification examination with a passing score, both the written and core skills portions of the exam; or
- verification of initial certification as an AUA within the 24 months immediately prior to reinstatement of AUA certification.

If your AUA certification has not been in an active status for MORE than two (2) years, you ARE NOT eligible for a temporary certification.

Review of criminal charges, disciplinary action, or judicial declaration of incompetence: Applicants for AUA reinstatement/return to active status who have 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 requested to appear before any prosecuting attorney or investigative agency in any matter; or have ever had disciplinary action taken against a nursing license, certification or registration, any professional or occupational license, registration, or certification and/or any application for a nursing or professional or occupational license, registration, or certification or if there is currently any investigation of your nursing license, registration, or certification; and/or any professional or occupational license, registration, or certification; and/or any application for a nursing and/or professional or occupational license, registration, or certification in any state, territory or country, **or** have ever been judicially declared incompetent are required to notify the Oklahoma Board of Nursing if the incident has not previously been 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. The report may be in the form of a letter or a statement in the provided space on the application. The report must be accompanied by certified court records or a board order. A verbal report does not constitute a “report in writing”. A written report not accompanied by a full set of certified court records or the board order(s) does not constitute a “report in writing”. Failure to report such action is a violation of the *Oklahoma Nursing Practice Act*.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. ***Completion of application:*** You must complete all sections of the application **using your name as it appears on your certification**.
 - If you have had a name change since your certificate has not been in an active status, you must submit a *Name Change Request Form*, fee and the required supporting documentation. You may obtain the *Name Change Request* form on the Board’s website, by clicking on the link to “Forms/Applications” or at this link: <http://www.ok.gov/nursing/namechange.pdf>

You must provide a Social Security number on the application. This information is mandatory, pursuant to 56 O.S. § 240.21A.

You may NOT use correction fluid on the application. When you are finished entering your information, sign the application LEGIBLY, using your full legal name and submit by:

Email: obnwebmaster@nursing.ok.gov with “Reinstate Temporary AUA” in subject line
Mail: OK Board of Nursing, 2915 N. Classen Blvd, Ste. 524, Oklahoma City, OK 73106

Fee: Temporary license fee is waived.

2. **Citizenship:**

Qualified aliens: According to state law, if you are a qualified alien, you must personally bring your *Evidence of Status Part B* form 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

Note: In order to provide the Evidence of Status Form and documents in person to the Board office, you must call ahead and **schedule an appointment**. Please call 405.962.1800 or 405.962.1832 to schedule an appointment. If directed to leave a message, please leave your name, phone number and reason for call. Staff will return your call as soon as possible.

At the Board office, a staff member will copy your qualified alien status documentation and will notarize the *Evidence of Status Form*.

3. **Criminal Charges, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer “yes” to the criminal charges, discipline, or competency questions on the application, you must submit a statement on the application form, describing the date, location and circumstances of the incident, and the resulting action taken by the court or disciplinary board. If you have more than one incident you are reporting, you must speak to every case/charge that has been filed. If you have reported a history of being 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 being requested to appear before any prosecuting attorney or investigative agency in any matter, you must submit **certified copies** of the **Information Sheet** (brief summary of the incident prepared by the court), **Affidavit of Probable Cause, Charges** (listing of the charges brought against you), **Judgment and Sentencing** (findings of the court and sentence imposed), and verification that sentencing requirements are complete. Certified copies are copies of court records obtained from the courthouse in the county/state where the action occurred, dated and signed by the court clerk, and affixed with the court seal. You may obtain these documents from the courthouse in the county/city or in the federal court of the district in which the court action occurred. If no records are found, have the agency provide a certified letter stating no records were found in a search from the date of offense through current. **The Board staff will not accept Internet court documents, such as Oklahoma Court Information System case reports. Faxed documents must have a clear**

certification by the court. Please note that you must report *all* arrests and/or charges that have been brought against you.

If you have reported a history of disciplinary action taken against a nursing license, certification or registration, any professional or occupational license, registration, or certification and/or any application for a nursing or professional or occupational license, registration, or certification or if there is currently any investigation of your nursing license, registration, or certification; and/or any professional or occupational license, registration, or certification; and/or any application for a nursing and/or professional or occupational license, registration, or certification in any state, territory or country, please request that a certified copy of the Board order be submitted directly to the Board office from the licensing agency. If you have reported a history of judicial declaration of mental incompetence, please contact the Board office for further instructions

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes occurring during the registration process. This notification must be signed and submitted by mail or by facsimile.

COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

- **Leaving application questions incomplete or unanswered, or using correction fluid on the application**
- **Not providing a Social Security number**
- **Specific to Qualified Aliens, failing to submit an *Evidence of Status Form* and supporting documentation, which can only be accomplished by calling 405.962.1800 or 405.962.1832 to schedule an appointment for submission of required documentation**
- **Failing to provide a complete description and documentation regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence unless it has been reported to the Board before.**

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524
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(405) 962-1800

***APPLICATION FOR REINSTATEMENT OF
ADVANCED UNLICENSED ASSISTANT CERTIFICATION***

TYPE OR PRINT IN BLACK OR BLUE INK ONLY – Do not use correction fluid!

I hereby make application to reinstate my certification as an Advanced Unlicensed Assistant (AUA) in accordance with the statutes of the State of Oklahoma (59 O.S. §567.3).

SECTION I: APPLICANT INFORMATION

Social Security# _____ - _____ - _____ Date of birth _____
This information is mandatory, pursuant to 56 O.S. § 240.21A, for administration of the tax laws of the State of Oklahoma. MM DD YYYY
AUA certificate number _____

Name as it appears on AUA certificate: _____
First Middle or Maiden Last

My mailing address is: _____
Box number or Street Address

City State Zip

Telephone (Day) (_____) _____ (Evening) (_____) _____

Email Address _____

SECTION II: CITIZENSHIP STATUS

Please check one of the following:

- I am a U.S. citizen.**
- I am a U.S. national.**
- I am a legal permanent resident alien.**
- I am a qualified alien.**

*Schedule an appointment to submit in person the Evidence of Status Form Part B and original unexpired documentation of qualified alien status to the Board office. **Please call 405.962.1800 or 405.962.1832 to schedule an appointment.** If directed to leave a message, please leave your name, phone number and reason for call. Staff will return your call as soon as possible.*

**SECTION III: HISTORY OF CRIMINAL CHARGES, DISCIPLINARY ACTION,
OR MENTAL INCOMPETENCE**

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.

- 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.

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.

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.

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.

SECTION IV: APPLICANT'S STATEMENT

Please check each of the following to verify your understanding:

- I understand that I must complete all questions on the application form, typed or in black or blue ink, with no correction fluid.
- I understand that if I am a qualified alien, I must schedule an appointment to bring to the Board Office an *Evidence of Status Form Part B* and original, unexpired qualified alien documents.
- I understand that if I answer "yes" to any question related to criminal charges, disciplinary actions or judicial declaration of incompetence, I must submit to this Board certified copies of court records or the Board order directly from the licensing agency.

AFFIDAVIT

Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate "NMN".

I declare and affirm that the statements made in this application, 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 of Applicant:

Print full legal name in the space below:

FIRST	MIDDLE	LAST
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DATE

OKLAHOMA BOARD OF NURSING
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Oklahoma City, OK 73106
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EVIDENCE OF STATUS FORM

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 card 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 card 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 qualified alien status, reinstatement applicants for temporary nursing licensure and certification as an advanced unlicensed assistant, must submit 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 qualified alien, you must schedule an appointment to 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.

Note: To schedule an appointment, please call 405.962.1800 or 405.962.1832. If directed to leave a message, please leave your name, phone number and reason for call. Staff will return your call as soon as possible.

At the Board office, a staff member will review your qualified alien documentation and will make a notarized copy. The mailed application will not be processed until the applicant presents in person the original documentation of qualified alien status.

EVIDENCE OF STATUS FORM: PART B

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

Bring this form IN PERSON to the Board office.

Date: _____ Social Security #: _____

Full Legal Name: _____
First Middle Maiden (if applicable) Last

Mailing Address: _____
Street Address or Post Office Box

City State Zip Code Telephone Number (including area code)

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 “AS”;
- 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 a 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-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 (h) 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 “Cuba/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_____.

(SEAL) Notary Public: _____
Commission #: _____
Commission Expires: _____