

# OKLAHOMA BOARD OF NURSING

## Request for RN/LPN Reinstatement Pursuant to Executive Order 2020-07

A) Pursuant to Third Amended Executive Order 2020-07, effective March 21, 2020, any individual whose Oklahoma nursing license is lapsed and cannot be reinstated due to Oklahoma Tax Commission noncompliance, may reinstate the nursing license as long as the Executive Order is in effect. Access the reinstatement application at this link <https://pay.apps.ok.gov/nursing/licensing/app/index.php> and complete the reinstatement application process.

Note: This is **NOT** a temporary license. You will be issued a license in alignment with the Board's renewal cycle.

B) Pursuant to Third Amended Executive Order 2020-07, effective March 21, 2020, any individual who has an **Oklahoma RN or LPN nursing license** that **has not been active for less than five years** may be issued a **temporary** single state nursing license, if the individual meets **all** reinstatement requirements **except continuing qualifications for practice**. There is **no fee** for this temporary license.

The application instructions and form are attached.

Please complete the application form and return the completed form and documents by:

Email – [obnwebmaster@nursing.ok.gov](mailto:obnwebmaster@nursing.ok.gov) with “Reinstate Temporary EO” in the email subject line

Or

Mail to: Oklahoma Board of Nursing  
2915 N. Classen Blvd, Suite 524  
Oklahoma City, OK 73106

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

**INSTRUCTIONS and APPLICATION for REINSTATEMENT or  
RETURN to TEMPORARY STATUS of RN or LPN LICENSE  
PURSUANT to EXECUTIVE ORDER 2020-07**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY  
BEFORE COMPLETING THE APPLICATION**

**REQUIREMENTS for REINSTATING or RETURNING your  
LICENSE to TEMPORARY STATUS**

**Verification of citizenship status:** State law requires the Board of Nursing to issue a license 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.

**The following continuing qualifications for practice have been waived and DO NOT need to be submitted:**

- a. **If your nursing license has not been in an active status for less than five (5) years**, you must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last **five (5)** years prior to receipt of the completed application in the Board office:
  - 1) Verify employment in a position that requires a nurse license at the appropriate level with verification of at least 520 work hours; or
  - 2) Verify the completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice; or
  - 3) Verify current certification in a nursing specialty area; or
  - 4) Verify completion of a Board-approved refresher course; or

- 5) Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee's current level of licensure or higher.

**b. If your nursing license has not been in an active status for more than five (5) years, you ARE NOT eligible for a temporary license pursuant to Executive Order 2020-07.**

**Review of criminal charges, disciplinary action, or judicial declaration of incompetence:**

Applicants for 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 appeared on your license**.
  - If you have had a name change since your license 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.nursing.ok.gov/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](mailto:obnwebmaster@nursing.ok.gov) with "Reinstate Temporary EO" in subject line

Mail: OK Board of Nursing, 2915N. Classen Blvd, Ste 524, Oklahoma City, OK 73106

2. **Fee:** Temporary license fee is waived.

3. **Citizenship:**

**Qualified aliens:** According to State law, **if you are a qualified alien, you must bring in person** the *Evidence of Status Form* to the Board 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*.

4. **Criminal Charges, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer “yes” to the questions in the section on *History of Criminal Charges, Disciplinary Action, or Mental Incompetence* in the application, you must **submit a statement on the application form, describing the date, location and circumstances of each incident, and the resulting action(s) 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.

Question #1 in the section on *History of Criminal Charges, Disciplinary Action, or Mental Incompetence* in the application addresses 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. If you answer “yes” to Question #1 in this section, you must submit certified copies of the:

- **Information Sheet, Incident Report, Complaint, and/or Charges** (brief summary of the incident prepared by the court)
- **Affidavit of Probable Cause** (listing of the charges brought against you)
- **Judgment and Sentence** (findings of the court and sentence imposed)
- **verification that Judgment and/or Sentence requirements are complete.**

Certified copies are copies of court records obtained from the courthouse in the county/city 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.**

Question #2 in the section on *History of Criminal Charges, Disciplinary Action, or Mental Incompetence*, in the application addresses 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. If you answer “yes” to question #2 in this section, please request that a certified copy of the Board order be submitted directly to the Board office from the licensing agency.

Question #4 in the section on *History of Criminal Charges, Disciplinary Action, or Mental Incompetence* in the application addresses a history of having been judicially declared mentally incompetent. If you answer “yes” to question #4 in this section, please submit a certified copy of the Court Order(s).

## **COMMON MISTAKES that DELAY APPLICATION PROCESSING**

- **Leaving application questions incomplete or unanswered, or using correction fluid on the application**
- **Failing to provide the full name under which you were licensed (with the notation “NMN” if there is no middle name)**
- **Specific to Qualified Aliens, failing to submit an *Evidence of Status* 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**

**OKLAHOMA BOARD OF NURSING**

2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800

***APPLICATION FOR REINSTATEMENT OR RETURN TO TEMPORARY STATUS LICENSE  
PURSUANT TO EXECUTIVE ORDER 2020-07***

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

**I hereby make application to reinstate my licensure as a Registered Nurse/Licensed Practical Nurse to a Temporary Single State License pursuant to Executive Order 2020-07.**

**SECTION I: APPLICANT INFORMATION**

Type of license: RN \_\_\_\_\_ LPN \_\_\_\_\_ Oklahoma RN/LPN license number \_\_\_\_\_

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_

**This information is mandatory, pursuant to 56 O.S. § 240.21A, MM DD YYYY  
for administration of the tax laws of the State of Oklahoma.**

Name as it appears on nursing license: \_\_\_\_\_  
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 CHARGE, 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 with the application certified copies of the Information Sheet, Incident Report, Complaint, and/or Charges; Affidavit of Probable Cause; Judgment and Sentence; and verification of completion of the Judgment and Sentence.**

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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 this 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.**



**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 to the Board office.
  
- 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 the Board certified copies of court records or the Board order.

**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:**

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**Print full legal name in the space below:**

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<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>
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**DATE**

OKLAHOMA BOARD OF NURSING  
2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800  
[www.ok.gov/nursing](http://www.ok.gov/nursing)

**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 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 to the Board office an *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.

When you do present 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.

