

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

**INSTRUCTIONS for REINSTATEMENT or  
RETURN to ACTIVE STATUS of RN or LPN LICENSE**

*Application fee = \$115.00*

**Use this application if:**

- **You have been previously licensed at the same level in Oklahoma; and**
- **Your RN/LPN license is currently lapsed, inactive, suspended, voluntarily surrendered, or revoked.**

Persons employed in nursing WITHOUT a valid Oklahoma nursing license are notified to cease employment in nursing immediately until a valid nursing license is issued. Continued employment in nursing WITHOUT a valid nursing license will be considered in violation of the provisions of the Oklahoma Nursing Practice Act. Orientation to an RN/LPN position is considered nursing practice and requires a current Oklahoma nursing license.

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

**APPLICATIONS ARE AVAILABLE FOR SUBMISSION ONLINE THROUGH  
<https://www.ok.gov/nursing/licensing/app/index.php>.**

A paper copy may be requested by the individual applicant by submitting a written request for such to the Board office. The applicant must include a postage-paid (\$1.06 postage cost) 8 ½ x 11 inch return envelope for Board staff to return an application.

**Forms referenced may be found in the Forms / Applications link on the Board's website.**

## **REQUIREMENTS for REINSTATING or RETURNING your LICENSE to ACTIVE 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. 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.

Applicants in the above six categories will only be eligible to receive a license card that is valid for the time period of their authorized stay in the U.S., or if there is no date of end to the time period of their authorized stay, for one year. The license 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.

### **Verification of continuing qualifications for practice:**

**a. If your nursing license has not been in an active status for less than two (2) years, you must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last two (2) 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 two (2) years, you must demonstrate continued qualifications for practice through completion of one of the following requirements within the last two (2) years prior to receipt of the completed application in the Board office:**

- (1) Submission of an official transcript or certificate of completion verifying completion of an Oklahoma Board of Nursing refresher course with content consistent with Board policy (see *Refresher Course Policy* on website: [www.ok.gov/nursing](http://www.ok.gov/nursing)); or
- (2) Successfully pass the National Council Licensure Examination for Registered Nurses/Licensed Practical Nurses (according to the level of licensure); or
- (3) Submission of an official transcript verifying successful completion of at least six academic semester credit hours (or 105 contact hours for LPNs enrolled in practical nursing courses) of nursing courses which include classroom and clinical instruction at the appropriate educational level; or
- (4) Present evidence of licensure as a Registered Nurse / Licensed Practical Nurse in another state, territory or country with employment in a position that requires nursing licensure with verification of at least 520 work hours during the past two (2) years preceding receipt of the request for return to active status in the Board office.

**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*.

#### **Special instructions for members of the military:**

- **Members of the National Guard or Reserves:** Any license held by a member of the National Guard or reserve component of the armed forces that expires while the member is on active duty shall be extended until ninety (90) days after the member is discharged from active duty status [O.S. 72 §48.2]. If you are a member of the National Guard and your license expired while you were on active duty, please submit, within 90 days of discharge, a request for renewal of your license, with copies of the official orders calling you to active duty and the official orders discharging you from active duty.
- **Active duty military personnel:** Effective November 1, 2012, any license held by a deployed member of the military in good standing at the time of deployment may be extended with no fee [O.S. 59 §4100.6]. If this applies to you, please submit, within one (1) year of your return from deployment, a written request for extension of your license with no fee, with copies of the official orders of deployment and the official orders identifying the date of your return.

## **INSTRUCTIONS FOR COMPLETION OF THE APPLICATION**

1. **Completion of application:** The application should be completed and submitted online on the Board’s website: <https://www.ok.gov/nursing/licensing/app/index.php>. You must complete all sections of the application **using your name as it appears on your license card**.
  - 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.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.

**If submitting a hard copy application, 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.

**Fee:** Payment can be made in the form of VISA, MasterCard or electronic fund transfer when completing the application online in the License Registration link.

- If a hard copy application is submitted, attach to your application to the Board office the appropriate fee payable by cashiers check, money order, or personal check. If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review. Fees submitted are not refundable

2. **Citizenship:**

a. **U.S. Citizens, U.S. Nationals, and Legal Permanent Resident Aliens:**

If your license changed to a non-active status on or before November 1, 2007, you must complete an *Evidence of Status Form Part A*. If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must also submit a photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status Form*.

If your license changed to a non-active status after November 1, 2007, you must complete the *Affidavit of Citizenship Status* unless you have previously submitted one.

- b. **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*. 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)
- **verification that sentencing 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. **Internet**

**court documents (such as OCIS case reports) and faxed records will not be accepted. 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.

4. ***Verification of continuing qualifications for practice:***

a. **If your license has been in a non-active status for less than two (2) years**, you must establish continuing qualifications for practice to be eligible for reinstatement/return to active status. You may establish continuing qualifications for practice through one of the following:

- If you have worked at the applicable level of licensure in another state, territory, or country for a minimum of 520 hours in the last two years, please request that your employer submit an *Employment Verification Form* directly to the Board. Each employer that is providing verification must complete and submit a separate Form. **Please note that this Form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department**
- Submit evidence of completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice
- Submit evidence of current certification in a nursing specialty area
- Submit an official transcript or certificate of completion for an Oklahoma Board of Nursing approved refresher course. A list of Board-approved refresher courses is available on the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing).
- Submit an official transcript documenting at least six (6) academic semester credit hours of nursing coursework earned in a board-approved nursing education program

b. **If your license has been in a non-active status for more than two (2) years**, you must establish continuing qualifications for practice to be eligible for reinstatement/return to active status. You may establish continuing qualifications for practice through one of the following:

- If you have worked at the applicable level of licensure in another state, territory, or country for a minimum of 520 hours in the last two years, please request that your employer submit an *Employment Verification Form* directly to the Board. Each employer that is providing verification must complete and submit a separate Form. **Please note that this Form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department.**
- If you have not practiced in a position requiring a nursing license for the minimum number of hours in the last two years prior to submitting an application for reinstatement or return to active status, you must provide an official transcript or certificate of completion for an Oklahoma Board of Nursing approved refresher course or an official transcript documenting hours earned in a board-approved nursing education program. A list of Board-approved refresher courses is available on the Board's website: [www.ok.gov/nursing](http://www.ok.gov/nursing).

- If you have not worked, completed a board-approved refresher course, or completed the required hours in a nursing education program, please note on the application for reinstatement or return to active status that you wish to re-take the NCLEX examination to establish continuing qualifications for practice.

5. ***Employment in a nursing position:*** If you answer “yes” to questions in Section II regarding employment in a position requiring an Oklahoma nursing license, please request that your employer submit an *Employment Verification Form* directly to the Board. Each employer that is providing verification must complete and submit a separate Form. **Please note that this Form must be completed and signed by an administrator/supervisor at the place of employment, or by an authorized individual in the Human Resources Department.** It is essential that the date you indicated that you last worked in a position requiring a nursing license matches the *Employment Verification Form*. Please check with your employer if you are unsure of the date you last worked in a position requiring an Oklahoma nursing license.

## GENERAL INFORMATION

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

Your application to the Board is valid for one year after receipt. After that time, a new application and fee must be submitted. Applications are processed in the order they are received. You may view average processing times of a completed application on the Board’s website in the Agency Data / Statistics / Quarterly Statistics link. Repeated telephone calls to check on the status of your application will delay, rather than facilitate, the processing of your application. **Fees submitted are not refundable.**

In accordance with Oklahoma law (59 O.S. §567.7 (E)), the Executive Director shall suspend the license or certificate of a person who submits a check, money draft, or similar instrument for payment of a fee which is not honored by the financial institution named. The suspension becomes effective ten (10) days following delivery by certified mail of written notice of the dishonor and the impending suspension to the person’s address on file. Upon notification of suspension, the person may reinstate the authorization to practice upon payment of the fees and any and all costs associated with notice and collection. The suspension shall be exempt from the Administrative Procedures Act.

## **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)**
- **Failing to submit an *Evidence of Status Form / Affidavit of Citizenship Status* and supporting documentation if needed**
- **Failing to request that the employer submit an *Employment Verification Form* directly to the Board office if needed**
- **Last date worked on the application does not match last date worked on the *Employment Verification Form***
- **Failing to include contact information for your current or most recent employer on the application**
- **Failing to provide a complete description and documentation regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence**

**INFORMATION TO BE ADDED TO APPLICATION**

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME ON APPLICATION \_\_\_\_\_

TYPE OF APPLICATION ON FILE (Please check one):

- \_\_\_\_\_ Application or Rewrite Application for Licensure by Examination
- \_\_\_\_\_ Application for Licensure by Endorsement
- \_\_\_\_\_ Application for Reinstatement of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

------(DETACH HERE)-----

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- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

------(DETACH HERE)-----

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- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_