

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

REQUEST FOR SOCIAL SECURITY NUMBER CHANGE/CORRECTION

Date _____

OK License /AUA Certificate# _____ RN _____ LPN _____ AUA _____

Incorrect/Old Social Security # _____ Correct Social Security # _____

Name _____ Phone # _____
First Middle Maiden Last

Address _____
Full Street Address City State Zip Code

E-mail Address _____

I REQUEST A CHANGE/CORRECTION IN MY SOCIAL SECURITY NUMBER FOR THE REASONS STATED BELOW. (Please describe the reason for requesting the change or correction)

Notice: You must sign the affidavit in front of a Notary Public – **DO NOT PRINT OR USE INITIALS.**

AFFIDAVIT

I certify that I am the Oklahoma Licensee/Certificant listed above and that all statements herein are true and correct.

Signature of Licensee/Certificant

First Middle Maiden Married

Subscribed to and sworn before me this _____ Day of _____ (Year) _____

Commission Expires

Signature of Notary Public

(SEAL)

THIS AFFIDAVIT MUST BE ACCOMPANIED BY A COPY OF YOUR SOCIAL SECURITY CARD

Approved by Executive Director: 12/08/2006
Revised:06/03/2013

Regulatory Services Division – #RS-26
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