OKLAHOMA BOARD OF NURSING
2501 North Lincoln Boulevard, Suite 207
Oklahoma City, Oklahoma 73105
(405) 962-1800

REQUEST FOR CERTIFICATE FOR FRAMING

_____	_____	_____	___	____
Date of Birth	Social Security Number	Certificate #	RN	LPN

Graduate of _____
(School of Nursing)

_____
City State

PLEASE PRINT OR TYPE: _____
First Middle Maiden Married

_____
Address

_____
City State Zip

****

I CERTIFY THAT I AM THE LICENSEE LISTED ABOVE AND THAT THESE STATEMENTS ARE TRUE.

Signature of Licensee_____
First Middle Maiden Married

Subscribed and sworn to before me this _____ day of _____ 20_____.

_____ _____
My Commission Expires Notary Public

(SEAL)

NOTE: This affidavit must be accompanied by a fee of $15.00