

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

APPLICATION FOR REINSTATEMENT OR RETURN TO ACTIVE STATUS OF LICENSE

Application fee = \$115.00

Your license to practice nursing in the State of Oklahoma is not in an active status. **Your *Application for Reinstatement or Return to Active Status of License* must be approved before you may work or represent yourself as a licensed nurse in Oklahoma.**

INFORMATION

Please allow 14 days to process your application, from the time a completed application, fee and all required materials are received in the Board office. Applications are processed in the order the completed application is received. **The fee to reinstate your license or return it to active status is \$115.00.** Checks may be made payable to the Oklahoma Board of Nursing. All fees are non-refundable.

Your *Application for Reinstatement or Return to Active Status of License* is valid for one year from the date it is received in the Board office. All requirements must be met within that year; otherwise, a new application and fee must be submitted.

INSTRUCTIONS FOR VERIFICATION OF CONTINUING QUALIFICATIONS FOR PRACTICE

If your nursing license has not been in an active status for a period of two (2) years or more, 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 application in the Board office:

- (1) Submission of an official transcript or certificate of completion verifying completion of a nursing refresher course with content consistent with Board policy (see *Refresher Course Policy* on website: 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 seven (7) academic semester credit hours (or 105 contact hours for LPNs enrolled in practical nursing courses) of nursing courses which include classroom and clinical instruction; or
- (4) Present evidence of licensure as a nurse in another state 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.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. Fully complete both pages of the application and sign the Affidavit before a Notary Public. Incomplete applications will be returned to the applicant without review. White-out may not be used on the application. **You must complete your application in the name that appears on your license card.** If you are unsure as to the name on your license card, you may verify your license information online on our website: www.ok.gov/nursing. If you have had a name change since your license has not been in an active status, you must submit a *Name Change Request* and the supporting documentation with the application. You may obtain the *Name Change Request* form on our website, by clicking on the link to "Forms".

2. Submit the correct fee as indicated above in the form of a personal check, money order, or cashiers check. Checks may be made payable to the Oklahoma Board of Nursing.
3. Complete statistical information located on the application.
4. ***Verification of continuing qualifications for practice:*** If you have worked at the applicable level of licensure 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. We recommend that you send the form to your employer with a stamped envelope addressed to the Oklahoma Board of Nursing to facilitate your request.** 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 our website: www.ok.gov/nursing. If you have not worked, completed a board-approved refresher course, or completed 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. A registration form for the NCLEX examination will be mailed to you.
5. If you answer “yes” to the arrest, discipline, or competency questions on the application and you have not previously reported this in writing to the Oklahoma Board of Nursing, you must **submit a letter with your signature, describing the location and circumstances of the incident, and the resulting action taken by the court or disciplinary board.** If you have reported a history of arrest, conviction, or a deferred sentence, you must submit **certified copies of the Information Sheet, Charges, Judgment and Sentencing, and verification that sentencing requirements are complete.** If the offense has been expunged, please submit a certified copy of the Order of Expungement. You may obtain these documents from the courthouse in the county or in the federal court of the district in which the court action occurred. If you have reported a history of discipline on another nursing or health-related license, certificate, or recognition, please submit a certified copy of the Board order. If you have reported a history of judicial declaration of mental incompetence, please contact the Board office for further instructions. This information should accompany your application and fee.

NOTICE: IMPORTANT INFORMATION: 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.

CHECKLIST FOR APPLICATION FOR REINSTATEMENT OF LICENSE

- Have you submitted a completed application with all questions answered, **typewritten or printed in black ink with no white-out?**
- Did you sign the application in black ink in the presence of a notary?
- Is the required fee of \$115.00 attached to the application?

- If the answer to question 1 or #2 on the application is “yes”, have you requested that your employer submit an *Employment Verification Form* directly to the Board office?
- If your license has not been in an active status for two years or more, have you submitted the required documentation to verify continuing qualifications for practice?
- If you have been arrested, had disciplinary action, or been judicially declared incompetent and it has not been previously reported to the Board, have you submitted a letter of description and certified copies of the court/Board documents?

For office use only:	
Approved by: _____	Date: _____
Advisement: _____	License Mailed: _____
Days to Completion: _____	

APPLICATION FOR REINSTATEMENT OR RETURN TO ACTIVE STATUS OF LICENSE

DATE: _____ OKLAHOMA CERTIFICATE#: _____

S.S.N. _____ - _____ - _____ RN _____ LPN _____

NAME AS IT APPEARS ON YOUR LICENSE CARD _____
(THREE FULL NAMES)

ADDRESS _____
Full Street Address and/or Box Number City State Zip Code

DATE OF BIRTH _____ TELE. NO. (____) _____ EMAIL ADDRESS _____

Employment History

Place of Employment (Include name and **FULL** address) _____
_____ TELE. NO. (____) _____

1. Are you currently employed in a position requiring an RN/LPN license in Oklahoma? YES ___ NO ___
If yes:

- A. Name and address of employing facility: _____
- B. Position Title: _____
- C. Date of Hire: _____
- D. Last Date Worked: _____
- E. Name, Title, and phone number of immediate supervisor: _____

If no:

- A. Name and address of current or previous employer: _____
- Position Title: _____

2. Have you practiced in a position requiring an RN/LPN license in Oklahoma since your license was lapsed, suspended, surrendered or revoked? YES ___ NO ___

If yes:

- A. Name and address of employing facility(s): _____
- B. Position Title: _____
- C. Date of Hire: _____
- D. Last Date Worked: _____
- E. Name, title and phone number of immediate supervisor: _____

*If you answered "yes" to Question #1 or #2, please request that your supervisor submit an *Employment Verification Form* directly to the Board office.

Verification of Continuing Qualifications for Practice (Check one of the following two categories):

_____ It has been less than two years since my Oklahoma nursing license has not been in an active status.

_____ It has been more than two years since my Oklahoma nursing license has not been in an active status. During that time, I verify that I have maintained continued qualifications for practice through completion of one or more of the following: **(Check all of the following that apply. You must submit the requested documentation in order for your application to be considered):**

- a) _____ I have completed a refresher course within the last two years approved by the Oklahoma Board of Nursing. **(Please request that the institution offering the Oklahoma Board of Nursing approved refresher course submit an official transcript or certificate of completion.**
- b) _____ I want to take the National Council Licensure Examination. Please send me a registration form. I understand that my application will not be processed until the examination is successfully passed.
- c) _____ I have completed at least seven (7) academic semester credit hours (or 105 contact hours, for LPNs enrolled in practical nursing) of nursing courses within the last two years which include classroom and clinical instruction. **(Please request that the educational institution submit an official transcript to the Oklahoma Board of Nursing.)**
- d) _____ I am licensed in another state and have been employed in that state in a position requiring nursing licensure for a minimum of 520 work hours in the past two years. **(Please request that an *Employment Verification Form* be completed by your employer and submitted directly to the Board office.)**
- e) _____ I have taken the NCLEX examination within the last two years.

History of Arrest, Disciplinary Action, or Declaration of Incompetence

- 1. Have you ever been arrested for any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not previously reported in writing to this Board? (Minor traffic violations do not include DUI.) Yes _____ No _____
- 2. Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not previously reported in writing to this Board? Yes _____ No _____
- 3. Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses, not previously reported in writing to this Board? Yes _____ No _____
- 4. Have you ever been convicted of a felony in any state, territory, or country, not previously reported in writing to this Board? Yes _____ No _____
- 5. Have you ever had disciplinary action taken against your nursing license, recognition, or Certificate; any health-related license, recognition, or certificate; or any application for a nursing or health-related license, recognition, or certificate in any state, territory or country, not previously reported in writing to this Board? Yes _____ No _____
- 6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported in writing to this Board? Yes _____ No _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FROM #3 THROUGH #8, PLEASE SUBMIT A LETTER AND CERTIFIED COPIES OF COURT RECORDS AS DESCRIBED IN THE INSTRUCTIONS.

AFFIDAVIT

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

I declare and affirm that the statements made in this application, including accompanying documents, 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.

Signature of Applicant: _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ date of _____, _____.

Notary Public Signature: _____

My Commission Expires _____

(NOTARY SEAL)

STATISTICAL DATA
PLEASE COMPLETE THE FOLLOWING INFORMATION BY CIRCLING
THE CORRECT ANSWER

REGISTERED NURSE

GENDER:

1. MALE
2. FEMALE

BASIC NURSING EDUCATION:

1. DIPLOMA
2. ASSOCIATE DEGREE
3. BACHELOR'S DEGREE

HIGHEST DEGREE HELD:

- | | |
|------------------------------|-----------------------------|
| 1. DIPLOMA/ASSOCIATE | 5. MASTERS IN OTHER FIELD |
| 2. BACHELOR'S IN NURSING | 6. DOCTORATE IN NURSING |
| 3. BACHELOR'S IN OTHER FIELD | 7. DOCTORATE IN OTHER FIELD |
| 4. MASTERS IN NURSING | |

EMPLOYED IN NURSING:

- | | |
|-----------------------------|-----------------------------|
| 1. FULL TIME (35+ HRS/WK) | 3. PART TIME (01-19 HRS/WK) |
| 2. PART TIME (20-34 HRS/WK) | 4. NOT EMPLOYED IN NURSING |

FIELD OF EMPLOYMENT:

- | | |
|----------------------------|---------------------------|
| 1. HOSPITAL | 6. SCHOOL HEALTH |
| 2. LONG TERM/EXTENDED CARE | 7. OCCUPATIONAL HEALTH |
| 3. SCHOOL OF NURSING | 8. AMBULATORY CARE |
| 4. HOME HEALTH | 9. PRIVATE PRACTICE |
| 5. COMMUNITY/PUBLIC HEALTH | 10. CASE MANAGEMENT |
| | 11. OTHER (SPECIFY) _____ |

TYPE OF POSITION:

- | | |
|------------------|--------------------------|
| 1. ADMINISTRATOR | 5. HEAD NURSE/ASSISTANT |
| 2. CONSULTANT | 6. GENERAL DUTY/STAFF |
| 3. SUPERVISOR | 7. CASE MANAGER |
| 4. EDUCATOR | 8. OTHER (SPECIFY) _____ |

OTHER STATES IN WHICH YOU ARE CURRENTLY LICENSED: STATE _____ # _____
STATE _____ # _____ STATE _____ # _____

LICENSED PRACTICAL NURSE

GENDER:

1. MALE
2. FEMALE

EMPLOYED IN NURSING:

- | | |
|-----------------------------|-----------------------------|
| 1. FULL TIME (35+ HRS/WK) | 3. PART TIME (01-19 HRS/WK) |
| 2. PART TIME (20-34 HRS/WK) | 4. NOT EMPLOYED IN NURSING |

FIELD OF EMPLOYMENT:

- | | |
|----------------------|--------------------------|
| 1. HOSPITAL | 5. COMMUNITY HEALTH |
| 2. NURSING HOME | 6. SCHOOL NURSE |
| 3. SCHOOL OF NURSING | 7. INDUSTRIAL NURSE |
| 4. PRIVATE DUTY | 8. OFFICE NURSE/CLINIC |
| | 9. OTHER (SPECIFY) _____ |

TYPE OF POSITION:

- | | |
|------------------|--------------------------|
| 1. ADMINISTRATOR | 5. HEAD NURSE/ASSISTANT |
| 2. CONSULTANT | 6. GENERAL DUTY/STAFF |
| 3. SUPERVISOR | 7. CASE MANAGER |
| 4. EDUCATOR | 8. OTHER (SPECIFY) _____ |

GENERAL EDUCATION:

1. HIGH SCHOOL DIPLOMA
2. HIGH SCHOOL EQUIVALENCY

OTHER STATES IN WHICH YOU ARE CURRENTLY LICENSED: STATE _____ # _____
STATE _____ # _____ STATE _____ # _____

OKLAHOMA BOARD OF NURSING

2915 N. Classen Boulevard, Suite 524

Oklahoma City, Oklahoma 73106

Telephone: (405) 962-1800

DATE: _____

TYPE OF APPLICATION REINSTATEMENT

NAME OF NURSE: _____

EMPLOYMENT VERIFICATION FORM

Please authorize your immediate nursing supervisor or the director of nursing to complete this form and return it directly to the Board office by mail as soon as possible. After this information has been received in the Board office, your application will again be reviewed. Please note that the applicant may not complete any part of this form.

1. Name of Employer: _____

2. Address of Employer: _____

3. Title of Position(s) Held by Employee:

Position Title	Date Hired	Last Date in Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Last Date Worked in a Licensed Position: _____

5. Current Employment Status (i.e.: currently working, suspended, on leave, terminated, etc): _____

6. Date Employee's License Card Last Viewed or Licensure Status Verified Online: _____

7. Attach job description for all position(s) held.

I certify that this nurse has worked 520 hours or more in a position requiring a nursing license in the past two years immediately prior to the date of completion of this form. (Check one)

Yes

No (If no, please indicate the number of hours worked: _____ Hours)

The Oklahoma Nursing Practice Act (Oklahoma Statutes 59 O.S. § 567.1 et seq.) requires that any person who represents himself/herself as a registered nurse or licensed practical nurse in this state must have a current Oklahoma license to practice registered nursing or licensed practical nursing. Continued employment in nursing (including orientation to a position that requires a nursing license) without a valid nursing license is considered in violation of the provisions of the Oklahoma Nursing Practice Act and may subject the person to disciplinary action.

I have read the above statement. I certify that the statements contained herein are true and correct.

Signed: _____

Title: _____

Name of Institution: _____

Address of Institution: _____

Telephone Number: _____

Date this information was completed: _____