

INSTRUCTIONS
for LICENSURE BY ENDORSEMENT
of NURSES EDUCATED in the UNITED STATES

Application Fee = \$85.00

If a temporary license is requested – Add \$10.00

Use this application if you:

- Are licensed in another state or U.S. territory that is a member board jurisdiction of National Council of State Boards of Nursing; and
- Were originally educated in a nursing program approved by a member board jurisdiction in the United States or U.S. Territory; and
- Have not previously held a license (at the same level) in Oklahoma; and
- Want to endorse your license into Oklahoma.

**PLEASE READ THE 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 LICENSURE IN OKLAHOMA

Age: The applicant for licensure must be a minimum of eighteen (18) years of age.

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; and to qualified alien applicants who 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.

Graduation from a state Board-approved program of registered or practical nursing: You must be a graduate of a state Board-approved program of registered or practical nursing, as verified by the board where you were originally licensed. The program must be located in a state or U.S. territory that is a member of National Council of State Boards of Nursing. An evaluation of educational requirements may be completed to ensure you meet educational standards. A Licensed Practical Nurse may be considered for licensure in Oklahoma if he/she completed equivalent courses in a registered nursing program. The nursing education program you attended **must have included theory and clinical experience in the following areas.**

- Care of the adult
 - Care of children
 - Maternal-newborn nursing
 - Psychiatric-mental health nursing (Exception: psychiatric clinical experience is not required for practical nurse applicants)
-
- Graduates of Excelsior College and other non-traditional programs are encouraged to contact the Oklahoma Board of Nursing prior to submitting an application for licensure by endorsement.

Completion of the licensure examination: In order to be eligible for licensure by endorsement, the Registered Nurse must be licensed by exam as follows:

- a. After February 1, 1989: by achieving a score of “PASSED” on the National Council Licensure Examination (NCLEX-RN), OR
- b. Between July 1, 1982, and February 1, 1989: by passing the NCLEX-RN with a score of at least 1600, OR
- c. Between January 1, 1952, and July 1, 1982: by passing the State Board Test Pool Examination (SBTPE) for registered nurse licensure in medical nursing, surgical nursing, obstetrical nursing, nursing of children and psychiatric nursing with a score of 350 or more in each subject,
- d. Canadian nurses originally licensed by exam in the following provinces in the years indicated: Alberta 1952-70; British Columbia 1949-70; Manitoba 1955-70; Newfoundland 1961-70; Nova Scotia 1955-70; Prince Edward Island 1956-70; Quebec (*English language*) 1959-70; and Saskatchewan 1956-70.

RN licensure by the following exams is **not recognized:** New Mexico 1974; Puerto Rico prior to 1976 or after August, 2006; Puerto Rico-Spanish language version exam any year; Alaska prior to 1954; Virgin Islands prior to 1964; Guam prior to 1969; any state constructed examination; any foreign exam.

- Any RN originally licensed by any of these exams must write and pass the licensing examination adopted by the Oklahoma Board of Nursing.

In order to be eligible for licensure by endorsement, the Licensed Practical Nurse must be licensed by exam as follows:

- a. LPNs who were licensed between July 1, 1954, and October 1, 1988, must have passed the examination adopted by the Board for practical nurse licensure achieving a standard score of 350 on either the State Board Test Pool Examination (SBTPE) for licensed practical nurse licensure or the National Council Licensure Examination (NCLEX-PN).
- b. LPNs licensed since October 1, 1988, must have achieved a score of “PASSED” on the NCLEX-PN.

LPN licensure by the following exams is **not recognized:** California- May 1974 through September 1986; Texas prior to 1969; Puerto Rico prior to 1976 or after August 1, 2006; Puerto Rico-Spanish language version exam any year; any foreign exam.

- Any LPN originally licensed by any of these exams must write and pass the licensing examination adopted by the Oklahoma Board of Nursing.

Verification of licensure from the original state of licensure: A verification of licensure status, graduation from an approved nursing education program and degree received, and completion of the licensing examination must be submitted by your original state of licensure. If education information is not provided by the state, an official transcript will be required.

- To avoid delays, you may request that an official transcript be sent directly to the Board office.
- If disciplinary action has been taken, approval of the Board may be required.

Submission of evidence of continuing qualifications for practice: You must submit evidence of continued qualifications for practice through completion of one of the following requirements within the last two years prior to receipt of the completed application in the Board office:

- a. Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course approved by the Board (see list of approved refresher courses on website: www.ok.gov/nursing/refresher.pdf); or
- b. Successfully passing the National Council Licensure Examination for Registered or Practical Nurses; or
- c. Submission of an official transcript verifying successful completion of at least six academic semester credit hours (or 105 contact hours) of nursing courses which include classroom and clinical instruction; or
- d. Present an *Employment Verification Form* and an accompanying job description that provides evidence of licensure in another state and employment in a position requiring nursing licensure with verification of at least 520 work hours during the past 2 years. **This form must be submitted directly to the Board from the employer.**

Applicants for endorsement who took the NCLEX examination for initial licensure within the last two years must provide evidence of completion of the nursing education program within two years of initial application for licensure by examination or provide verification through an *Employment Verification Form* or at least six months work experience in the state of licensure.

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

Effective January 1, 2013, state law (59 O.S. § 567.18.B.) requires each applicant for licensure to have a fingerprint-based background check not more than ninety (90) days old at the time of submission of the application for licensure. The background check consists of fingerprint-based searches of the Oklahoma State Bureau of Investigation (OSBI) and Federal Bureau of Investigation (FBI) Criminal History Record Information databases and name index searches of computerized databases containing criminal history records. Please see the “Instructions” section for further information on obtaining a fingerprint-based background check.

In addition to the background check, applicants for licensure 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 provide a report in writing to the Oklahoma Board of Nursing. 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, as described below. 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*.

An applicant for a license to practice as a Registered Nurse or Licensed Practical Nurse must submit to the Oklahoma Board of Nursing “certified written evidence that the applicant has never been convicted in this state, the United States or another state of any felony, unless five (5) years have elapsed since the date of the criminal conviction or the termination of any probation or other requirements imposed on the applicant by the sentencing court, whichever shall last occur, or a presidential or gubernatorial pardon for the criminal offense has been received” [59 O.S. § 567.5]. **Therefore, applicants for licensure in Oklahoma with one or more felony convictions cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received.**

Special instructions for military spouses: If you are relocating to this state pursuant to your spouse’s official military orders and you have not worked 520 or more hours in a licensed position in a state in which you were actively licensed within the past 2 years, state law [O.S. 59 § 567.11(8)] allows you to practice nursing in the state of Oklahoma for one hundred twenty days (120) **after** submission of an application and fees for licensure to the Board, provided that you:

- have an active, unencumbered license from another state or territory;
- have no health-related license in a disciplinary status; and
- furnish to the employer satisfactory evidence of current, unencumbered licensure in another state or territory.

If this applies to you, please provide a copy of your nursing license card from another state or territory and a copy of your spouse’s official military orders with your application.

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 modules of the application with your **full legal name**. Your legal name is the name on your birth certificate plus any additional legal name changes. Please indicate “NMN” if you do not have a middle name. **You must provide a Social Security number on the application.** This information is mandatory, pursuant to 56 O.S. § 240.21A, for administration of the tax laws of the State of Oklahoma.

If you are 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.

The Board’s newsletters are now provided by electronic mail, so it is recommended you provide an e-mail address on the application.

2. **Citizenship:** All applicants for licensure must complete the appropriate *Evidence of Status* form. If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit a photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status Part A Form*.

According to State law, if you are a qualified alien, you must bring in person the *Evidence of Status Form* 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*. At the Board office, a staff member will copy your qualified alien status documentation and will notarize the *Evidence of Status Form*.

3. **Background Check:** Each applicant must provide fingerprint images to be used for the purpose of permitting a state and national criminal history records search through the OSBI and FBI. The criminal history records search must be conducted through the Board's vendor, L-1 (MorphoTrust) no more than ninety (90) days prior to receipt of the application in the Board office. The results of the search are provided directly to the Board office by the OSBI usually within one to two weeks. Procedures for changing, correcting or updating OSBI and / or FBI results are set forth in Title 28, C.F.R., §16.34 and will be furnished as needed.

Option 1: If you have an Oklahoma mailing address, you will need to go to an Identogo center sponsored by L-1 (MorphoTrust) located within the state to provide fingerprints electronically. These sites are available by appointment only. You must visit the following website to schedule an appointment: www.identogo.com, or you must call (877) 219-0197 to make an appointment. Payment can be made during your appointment or online when scheduling. **Please note that your fingerprints must be obtained electronically only at an Identogo (L-1/ MorphoTrust) site.**

Option 2: If you have an out-of-state mailing address, Board staff will mail you specific fingerprint cards that you must take to a local law enforcement agency to obtain the fingerprints. **Please note that you must wait to receive the specific coded fingerprint cards from the Board office prior to obtaining your fingerprints.** An addressed envelope will be provided as the fingerprint cards **must be mailed by the law enforcement agency directly to L-1 (MorphoTrust).** You are responsible for the postage and the costs associated with obtaining your fingerprints. **OR** If you are in Oklahoma, you may follow the instructions for Option 1 above.

4. **Criminal Charges, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer "yes" to the criminal charge, 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), **and 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 discipline on 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 that Board. If you have reported a

history of judicial declaration of mental incompetence, please contact the Board office for further instructions.

5. **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
6. **Temporary License:** To request a temporary license which is valid for 90 days, submit the application online for endorsement with a request for a temporary license. If submitting a hard copy application, check “Y” on the first page of the *Application for Licensure by Endorsement* and submit the temporary license fee with your application fee.

Requirements for a temporary license include:

- A completed application form;
- Fee for endorsement and for the temporary license;
- Proof of current unrestricted licensure in another state, territory or country with no history of arrest or disciplinary action requiring further review;
- Verification of licensure, completion of a board-approved nursing education program meeting the educational standards established by the Oklahoma Board of Nursing and degree received, and passing the licensure examination, received from your original state of licensure;
- Receipt of a notarized *Evidence of Status Form* and appropriate supporting citizenship documentation;
- Demonstrating evidence of meeting continued qualifications for practice within the last two (2) years prior to receipt of the completed application;
- Submission of fingerprint images to be used for the purpose of permitting a state and national criminal background search

A temporary license will not be issued to anyone who has had a history of arrest, criminal charges, adjudication of incompetence, or disciplinary action; or who will be required to take the NCLEX exam or meet additional requirements for continuing qualifications for practice prior to licensure in Oklahoma. A temporary license will not be issued if the application is complete.

7. **Name Change:** If your current license is not in your present name, submit a certified copy of a legal document indicating the change of name (such as a certified copy of a marriage license, divorce decree, or court order).
8. **Interstate Verification:** Verification of licensure status, completion of a board-approved nursing program, degree received and date of conferral, and completion of the licensure examination from your original state of licensure are required. This verification must come in written form directly from the Board of Nursing in the original state of licensure or from the NURSYS system at the National Council of State Boards of Nursing. Please note that each state or Nursys will charge a fee for this verification. Contact your state of original licensure or log on to www.NURSYS.com for information on the procedure and fees.
 - If your original state of licensure is not listed on the NURSYS site, you must contact your original state directly.
 - If your state does not fully verify your nursing education, the Board will request that an official transcript be submitted to this office directly from the nursing program.
 - To prevent possible delays, you may wish to request a transcript be sent from the nursing program directly to the Board office.

9. **Verification of continuing qualifications for practice:** If you have worked at the same level of licensure for which you are applying for a minimum of 520 hours in the last two years, please request that your employer submit an *Employment Verification Form* and job description indicating a nursing license is required for that position(s). Each employer 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 and they must submit it directly to the Board.**

If you have not practiced as a licensed nurse for at least 520 hours in the last two years prior to applying for licensure by endorsement, an official transcript or certificate of completion for a refresher course approved by the Oklahoma Board of Nursing or an official transcript documenting hours earned in a board-approved nursing education program must be sent directly to this Board from the program. A list of Board-approved refresher courses is available on the Board's 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 licensure by endorsement that you wish to re-take the NCLEX examination to establish continuing qualifications for practice. Board staff will then assist you with registration for the NCLEX examination.

If you took the NCLEX within the last two years, your state of original licensure must provide evidence that you graduated from your nursing education program within the two years prior to taking the NCLEX. Otherwise, you must provide evidence of at least six months of work experience as a licensed nurse in the state, US territory or country of licensure at the level of licensure for which you are applying.

GENERAL INFORMATION

The *Oklahoma Nursing Practice Act* requires you to obtain a dated Oklahoma temporary license or valid Oklahoma license **prior** to employment in nursing in Oklahoma. This requirement does not apply to nurses practicing in certain federal facilities (contact the federal facility regarding their requirements for licensure.)

You must obtain a temporary/permanent license before orienting or working in a position requiring a nursing license.

Issuance of a temporary license does not guarantee you will qualify for permanent licensure in Oklahoma.

All applications are reviewed 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. If further review is required, the processing time may be lengthened.

Your *Application for Licensure by Endorsement* 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, associated documents and fee must be submitted.

Once licensed, the License Verification link on the Board's website will be the first place your new license will be noted.

Registered Nurse licenses expire the last day of the licensee's birth month in even-numbered years, and Licensed Practical Nurse licenses expire the last day of the licensee's birth month in odd-numbered years

following the date of issuance. The application fee includes the processing of your application and licensure through the current renewal period. **Fees are not pro-rated and are non-refundable.**

If you are an Advanced Practice Registered Nurse (Certified Nurse Practitioner-CNP; Clinical Nurse Specialist-CNS; Certified Nurse Midwife-CNM; or Certified Registered Nurse Anesthetist-CRNA), **you may not practice in Oklahoma as an Advanced Practice Registered Nurse until you have a current Oklahoma license to practice registered nursing and a license to practice as an Advanced Practice Registered Nurse (APRN).** You will find the application for licensure as an APRN in the License Registration link on the Board website.

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 legal name (with the notation "NMN" if there is no middle name) & failing to sign the full legal name legibly**
- **Failing to note ALL licenses held even if they are not in an active status**
- **Failing to submit fingerprint images to be used for the purpose of permitting a state and national criminal background search**
- **Failing to request the *Employment Verification Form* be submitted directly from your employer to verify 520 hours work experience in the past two years**
- **Failing to submit a notarized *Evidence of Status Form* and supporting documentation**
- **Failing to provide a complete description and certified copies of documentation regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence**

OKLAHOMA BOARD OF NURSING

2915 North Classen Blvd., Suite 524

Oklahoma City, Oklahoma 73106

(405) 962-1800

OKLAHOMA INTERSTATE VERIFICATION FORM

TO BE COMPLETED BY APPLICANT AND MAILED TO ORIGINAL STATE OF LICENSURE:

Name: _____
 First Middle Maiden Married

Mailing Address _____
 Street Address/Box Number City State/Zip Code

Social Security Number: _____ RN _____ LPN _____

I, _____, hereby authorize the _____ Board of Nursing
(signature of licensee) (State/Country of original licensure)
to complete the verification form below. My records are under the name of
_____ and license/certificate number _____.

TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE/COUNTRY OF ORIGINAL LICENSURE ONLY:

This is to certify that the above name was issued certificate/license number _____

To practice: Registered Nursing _____ Date of issuance: _____

Practical Nursing _____

Licensed by: Examination _____ Current licensure status: Active _____

Endorsement _____ Inactive _____

Waiver _____ Lapsed _____

Date license expires _____ Other _____

Has this license ever been revoked, suspended, surrendered, restricted, placed on probation, reprimanded, otherwise disciplined, or currently under investigation? Yes _____ No _____. If yes, please provide information.

SBTE/NCLEX RESULTS

	Med.	Surg.	Obs.	Nsg.Ch.	Psy.	NCLEX
Score	_____	_____	_____	_____	_____	_____
Series	_____	_____	_____	_____	_____	_____
Date of Exam	_____	_____	_____	_____	_____	_____

How many times did the individual take the exam? _____

Name and location of nursing program: _____

Type of Program (Check one) _____ PN _____ ADN _____ Diploma _____ BSN _____ Other

Was school state-approved? Yes _____ No _____ Year of Graduation: _____

All information above is true and accurate to the best of my knowledge:

Signature _____ State _____

Title _____ Date _____

(BOARD SEAL)

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)-----

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)-----

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: _____