

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800

PHOTOGRAPH AND ADDITIONAL DOCUMENTATION FOR ONLINE APPLICATION

TYPE OR PRINT IN BLACK OR BLUE INK ONLY

I have submitted the following application online. Please add the photograph below and the attached information to my application file. (Check one of the following applications. Please be sure that you have checked the correct type of application.)

- | | |
|---|---|
| <input type="checkbox"/> Licensure by Examination | <input type="checkbox"/> Advanced Unlicensed Assistant Certification Examination |
| <input type="checkbox"/> Licensure by Endorsement for U.S. Educated Nurse | <input type="checkbox"/> Licensure by Endorsement for the Nurse Educated Outside the U.S. |
| <input type="checkbox"/> Advanced Practice Registered Nurse Recognition | |

Last four (4) digits of Social Security# _____ Date of birth _____
MM DD YYYY

Name on application _____
First Middle or maiden Last

My current mailing address is: (**Please check here if this is a new address** _____.)

_____ Box number or Street Address

_____ City State Zip
Telephone (Day) (_____) _____ (Evening) (_____) _____

The attached documentation should be added to my application file (Please check all that apply. Please note that required documentation varies by application type. Review the application instructions to determine what documentation is required to complete your application.):

- | | |
|---|---|
| <input type="checkbox"/> OSBI Criminal History Records Search | <input type="checkbox"/> Certified copies of court records or Board Order |
| <input type="checkbox"/> Evidence of Status Form and photocopy of document verifying status | |

Signature _____ **Date** _____



Photograph must meet the following guidelines:

- Size 2" x 2" with minimum 1" full face view without glasses;
- Neutral clothing; light colored clothing;
- **Signed and dated on the front. Do not sign across the face.**

