

Oklahoma Board of Nursing
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

INSTRUCTIONS AND APPLICATION FOR ADVANCED UNLICENSED ASSISTANT CERTIFICATION

APPLICATION FEE - \$20.00

Use this application if you:

- Have completed an advanced unlicensed assistant educational program; or
- Have already submitted a *Request for AUA Equivalency Evaluation* and been approved.

The *Application for Certification as an Advanced Unlicensed Assistant* is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

REQUIREMENTS FOR AUA CERTIFICATION IN OKLAHOMA

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

Verification of citizenship status: State law requires the Board of Nursing to issue a certificate only to U.S. citizens, nationals and legal permanent resident aliens; and to 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 certification 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 certification 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.

Completion of an advanced unlicensed assistant training program: You must have completed an advanced unlicensed assistant training program approved by the Oklahoma Board of Nursing, or have completed equivalent training as approved by Board staff. A *Training Program Verification Statement* must be submitted to the Board from the director of the training program.

Completion of the certification examination: Once all other requirements for certification have been met, you will be made eligible to take the written and skills portions of the AUA certification examination. A registration form for the AUA certification examination will be mailed to you from the Board office, along with a list of approved testing sites. You may call to make an appointment to test at any approved testing site. You must take the completed registration form with you when you go in to take the examination.

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 certification to have a fingerprint-based background check not more than ninety (90) days old at the time of submission of the application for certification. 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 AUA certification 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 another health-related license, recognition, or certification; **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. 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 AUA certification 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 AUA certification in Oklahoma with one or more felony convictions cannot apply for AUA certification for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received.**

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. ***Completion of application:*** Complete the application and affidavit accurately typed or in black or blue ink. You must complete all sections of the application with your **full legal name**. 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. **You may not use correction fluid on the application.** When you are finished entering your information, attach your signed and dated photograph, and sign the application LEGIBLY, using your full legal name.

The application may also be completed and submitted online on our website: www.ok.gov/nursing. Click on the link for “License Registration”.

2. ***Citizenship:*** All applicants for certification must complete the attached *Evidence of Status* form and submit it with their application.

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* form *Part A*. A certificate will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must bring your completed application and *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* form *Part B*. At the Board office, a staff member will review your qualified alien status documentation and will make a notarized copy before your application will be accepted. If the application is mailed to the Board office, the application will not be processed until the applicant presents in person the original documentation of alien resident status.

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) within ninety (90) days of receipt of the application

in the Board office. The results of the search are provided directly to the Board office by the Oklahoma State Bureau of Investigation (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.

There are two options for obtaining the fingerprints:

Option 1: If you have an Oklahoma mailing address, you will need to go to an L-1 (MorphoTrust) site 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.L1enrollment.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 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. 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. **Please note that you must wait to receive the specific coded fingerprint cards from the Board office prior to obtaining your fingerprints.** **OR** If you prefer to access an L1 location within the State of Oklahoma, you may follow the instructions above for in-state applicants

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. **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 another health-related license, certificate, or recognition, please request that a certified copy of the Board order be submitted directly to the Board office. 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. We recommend that you submit this material two to four months prior to completion of the AUA program.

5. **Photograph:** Attach a signed and dated original photograph taken within the last two years in the indicated space with scotch tape (DO NOT STAPLE). **Photographs must meet the following criteria:**
 - A. SIZE: 2" X 2"
 - B. FACE SIZE: 1" minimum or 1 ½" maximum, excluding hair, from the scalp line to the bottom of the chin. Full face view-**WITHOUT GLASSES**. Eyes should be clearly visible.
 - C. BACKGROUND: Neutral background without shadows.
 - D. FINISH: Black and white or color. Semi-matte or glossy finish.
 - E. SIGNATURE: Photograph must be legibly signed and dated in the border at the bottom, side, or top. DO NOT SIGN ACROSS YOUR FACE.
 - F. **Personal camera snapshots, booth-type, or photocopies of photos are not acceptable.**
6. **Fee:** Attach to your application a money order, certified check or cashier's check in the amount of \$20.00 payable to the Oklahoma Board of Nursing. **Personal checks will not be accepted.** If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review. Submit the application and fee to the Oklahoma Board of Nursing.

TRAINING PROGRAM VERIFICATION STATEMENT
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A *Training Program Verification Statement* should be submitted from your program after you have graduated. This form must be completed by the AUA training program, signed by the program director, and notarized.

TAKING THE AUA EXAMINATION

After your application has been reviewed and approved, you will receive a registration form from the Board. When you have completed this form and attached the registration fee, you can call to make an appointment to take the written and skills examination at an approved testing center. After your testing is completed, the testing center will submit the registration form and your fee to the testing service with your examinations. The testing service will grade your examination and provide the results to the Oklahoma Board of Nursing, who will notify you of the results and provide a certification card. **Until you are certified, you cannot work in the position of an Advanced Unlicensed Assistant.**

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes occurring during the registration and testing process. This notification must be signed and submitted in person, by mail, or by facsimile.

Your application to the Board is valid for one year after receipt. After that time, a new application and fee must be submitted. If you take and fail the examination, a rewrite application and fee must be submitted.

Applications are processed in the order they are received. You may view average processing times of a completed application on our 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. **Fees submitted are not refundable.**

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 PROCESSING

- **Failing to submit fingerprint images to be used for the purpose of permitting a state and national criminal background search**
- **Leaving application questions incomplete or unanswered, or using correction fluid on the application**
- **Not providing a Social Security number or a full legal name (with the notation “NMN” if no middle name)**
- **Failing to provide license or certificate numbers, if the applicant holds another health-related license or certificate**
- **Failing to sign and date the photograph or the application, or signing illegibly**
- **Failing to submit an *Evidence of Status* form and supporting documentation**
- **Failing to request that a *Training Program Verification Statement* be submitted directly by the AUA program, or having a different name on the application than the name on the *Statement***
- **Failing to provide a complete description and documentation regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence**

OKLAHOMA BOARD OF NURSING

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APPLICATION FOR CERTIFICATION AS AN ADVANCED UNLICENSED ASSISTANT

TYPE OR PRINT IN BLACK OR BLUE INK ONLY – Do not use correction fluid!

I hereby make application for certification as an Advanced Unlicensed Assistant in accordance with the statutes of the State of Oklahoma (59 O.S. §567.3).

SECTION I: APPLICANT INFORMATION

Social Security# _____ - _____ - _____ Date of birth _____
MM DD YYYY
**This information is mandatory, pursuant to 56 O.S. § 240.21A,
for administration of the tax laws of the State of Oklahoma.**

My full legal name is _____
First Middle Maiden (If applicable) Last

Name to appear on certificate: (3 Full Names) _____
First Middle or Maiden Last

My mailing address is: _____
Box number or Street Address

_____ City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Evening) (_____) _____

Email Address _____

SECTION II: EDUCATION

Name and location of AUA training program from which you graduated

_____ AUA Training Program Name

_____ Campus location

Date you entered program _____ Date you completed program _____
Mo/Yr Mo/Yr

SECTION III: PERSONAL INFORMATION

Gender and Ethnicity: The Oklahoma Board of Nursing publishes data related to characteristics of the nurse population. This data is used by individual researchers, and by state and national organizations, for purposes of assessing diversity within the profession. For that reason, we ask the following questions by checking the gender and race/ethnicity categories that best describe you. **This information is voluntary. You may choose not to answer the questions by checking "Choose not to answer".**

Gender

Choose not to answer _____
Male _____
Female _____

Race/Ethnicity

Choose not to answer _____
White _____
Black or African American _____
American Indian and Alaska Native _____
Asian _____
Native Hawaiian and Other Pacific Islander _____
Hispanic or Latino of any race _____
Some other race/ethnicity _____
Please specify: _____
Two or more of the above races/ethnicities _____
Please specify with which race you most closely identify: _____

SECTION IV: LICENSURE/CERTIFICATION HISTORY

Have you ever held a license or certificate in any health care field? Yes _____ No _____

If yes, state held: _____ Lic/Cert type : _____ Lic/Cert #: _____

SECTION V: CITIZENSHIP STATUS

Please check one of the following:

_____ **I am a U.S. citizen.**

An Evidence of Status form Part A and documentation as identified on the form must be submitted in order for the application to be complete.

_____ **I am a U.S. national.**

An Evidence of Status form Part A and documentation as identified on the form must be submitted in order for the application to be complete.

_____ **I am a legal permanent resident alien.**

An Evidence of Status form Part A and documentation as identified on the form must be submitted in order for the application to be complete.

_____ **I am a qualified alien.**

Please bring the Evidence of Status form Part B, original unexpired documentation of alien status, and your completed application to the Board office.

SECTION VI: HISTORY OF CRIMINAL CHARGE, DISCIPLINARY ACTION, OR MENTAL INCOMPETENCE

Please answer each of the following questions. Minor traffic violations (such as speeding tickets) do not have to be reported; however, please note that charges including, but not limited to, Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) are not considered minor traffic violations and **must** be reported in writing to the Board. 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, as described in the Requirements section of this Form.

1. Have you 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 have you been requested to appear before any prosecuting attorney or investigative agency in any matter? (Include all such incidents no matter how minor the infraction whether guilty or not.)

Yes_____ No_____

If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the court or agency. If you are reporting more than one incident, you must describe every case/charge that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary. Please submit certified copies of the Affidavit of Probable Cause, Information Sheet, Charges, Judgment and Sentence, and verification of completion, with the application.

2. Have you ever had disciplinary action taken against any health-related license, recognition, or certificate; and/or any application for a health-related license, recognition, or certificate in any state, territory or country?

Yes_____ No_____

If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the disciplinary board. If you are reporting more than one incident, you must describe every case that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary. Please submit certified copies of the charges/complaints, findings of fact, and orders of the Board.

3. Is there currently any investigation of any health-related license, recognition, or certificate; and/or any application for a health-related license, recognition, or certificate in any state, territory, or country? Yes_____ No_____

If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s). If you are reporting more than one incident, you must describe every case that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary.

4. Have you ever been judicially declared incompetent in any state, territory, or country? Yes_____ No_____

If you answered “yes”, please provide a report in writing in the space below, describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the court. If you are reporting more than one incident, you must describe every case that has been filed. Please attach additional pages, typed or written legibly in blue or black ink, if necessary. Please submit a certified copy of the Court Order.

Certified copies of court records or Board Orders must be obtained from the court or Board in the jurisdiction in which the offense occurred. The review of your application will not proceed until these records are received.

SECTION VII: PHOTOGRAPH

TAPE 2" X 2"
PHOTO HERE

SIGN AND
DATE PHOTO
PLEASE!

Photograph must meet the following guidelines:

- **Personal camera snapshots, booth-type or photocopies of photos are NOT acceptable.**
- Neutral or light colored clothing.
- **Signed and dated on the front. Do not sign across the face**
- Black and white or color. Semi-matte or glossy finish.
- Neutral background without shadows.
- Size 2" x 2" with minimum 1" full face view without glasses; eyes should be clearly visible.

SECTION VIII: APPLICANT'S STATEMENT

Please check each of the following to verify your understanding:

- _____ I understand that I must complete all questions on the application form, typed or in black or blue ink, with no white-out. An original 2" x 2" photograph with my signature and the date must be taped to the application.
- _____ I understand that I must request that my AUA training program submit a notarized *Training Program Verification Statement* directly to the Board office.
- _____ I understand that I must attach a cashier's check or money order for \$20.00 to my application form prior to submission.
- _____ I understand that if I am a U.S. citizen, national, or permanent legal resident alien, I must attach an *Evidence of Status Form Part A* and a photocopy of supporting documentation. If I am a qualified alien, I must bring an *Evidence of Status Form Part B* and original supporting documentation to the Board office.
- _____ I understand that I must submit fingerprint images to be used for the purpose of permitting a state and national criminal background search not more than 90 days prior to of receipt of my application in the Board office.
- _____ I understand that if I answer "yes" to any question regarding a history of criminal charges, disciplinary action, or judicial declaration of incompetence, I must attach certified copies of court records or the Board order.

AFFIDAVIT

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

I declare and affirm that the statements made in this application, including any and all accompanying documents prepared by me, 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, certification, and/or recognition.

Signature of Applicant:

Print full legal name in the space below:

FIRST

MIDDLE

LAST

DATE

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: _____

OKLAHOMA BOARD OF NURSING
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EVIDENCE OF STATUS FORM

GENERAL INFORMATION

State law requires the Board of Nursing to issue a license or certificate only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present to the agency, *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 be eligible to receive a license/certification card that is valid only for the time period of their authorized stay in the U.S., or, if there is no end date to the time period of their authorized stay, for one year. The license/certification 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.

In order to verify citizenship or qualified alien status, applicants for nursing licensure by endorsement or examination, for certification as an advanced unlicensed assistant, or for reinstatement/return to active status of their license or certificate, must submit an *Evidence of Status Form* and the required supporting documentation with their application.

INSTRUCTIONS FOR COMPLETION OF THE FORM

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must bring your completed application, Criminal History Records Search from the Oklahoma State Bureau of Investigation, and *Evidence of Status Form: Part B* 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 review your qualified alien status documentation and will make a notarized copy before your application will be accepted. If the application is mailed to the Board office, the application will not be processed until the applicant presents in person the original documentation of alien resident status.

EVIDENCE OF STATUS FORM: PART A

Type or Print Clearly – Please use black or blue ink only

Date: _____ Social Security #: _____ OK Nursing License No.: _____

Full Legal Name: _____
First Middle Maiden (if applicable) Last

Mailing Address: _____
Street Address or Post Office Box

City State Zip Code Telephone Number (including area code)

E-mail Address _____

I am submitting evidence of my status in order to apply for: **(CHECK ONE OF THE FOLLOWING)**

☐ **Renewal** ☐ **Reinstatement** ☐ **License/Certificate by Examination** ☐ **License by Endorsement**

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

U.S. Citizen or U.S. National

_____ **A birth certificate** showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;

_____ **United States passport** (except limited passports, which are issued for periods of less than five years);

_____ **Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens);

_____ **Certificate of birth (FS-545)** (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;

_____ **Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);

_____ **Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);

_____ **United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);

_____ **Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

_____ **Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or

_____ **American Indian Card with a classification code "KIC" and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)

Alien Lawfully Admitted for Permanent Residence:

_____ **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card"); or

_____ **Unexpired Temporary I-551** stamp in foreign passport or on INS Form I-94.

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public) _____

_____ Date

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

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

(SEAL)

Notary Public: _____

Commission #: _____

Commission Expires: _____

EVIDENCE OF STATUS FORM: PART B

Type or Print Clearly – Please use black or blue ink only

Date: _____ Social Security #: _____ OK Nursing License No.: _____

Full Legal Name: _____
First Middle Maiden (if applicable) Last

Mailing Address: _____
Street Address or Post Office Box

City State Zip Code Telephone Number (including area code)

E-mail Address _____

I am submitting evidence of my status in order to apply for: **(CHECK ONE OF THE FOLLOWING)**

☐ **Renewal** ☐ **Reinstatement** ☐ **License/Certificate by Examination** ☐ **License by Endorsement**

If you are a qualified alien, please bring original, unexpired documents to the Oklahoma Board of Nursing office with your application and fee. Place a checkmark below to indicate the document(s) that will be submitted.

Immigrant or Non-Immigrant Visa Status:

☐ **INS Form I-94**

☐ **INS Form I-688B**

Asylee:

☐ **INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;

☐ **INS Form I-688B** (Employment Authorization Card) annotated "27a .12 (a) (5)";

☐ **INS Form I-766** (Employment Authorization Document) annotated "AS";

☐ **Grant letter** from the Asylum Office of INS; or

☐ **Order** of an immigration judge granting asylum.

Refugee:

☐ **INS Form I-94** annotated with stamp showing admission under §207 of the INA;

☐ **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)";

☐ **INS Form I-766** (Employment Authorization Document) annotated "A3"; or

☐ **INS Form I-571** (Refugee Travel Document).

Alien Paroled Into the U.S. for at least One Year:

☐ **INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

☐ **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (10)";

☐ **INS Form I-766** (Employment Authorization Document) annotated "A10"; or

☐ **Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

☐ **INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;

☐ **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or

☐ **INS Form I-766** (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant:

☐ **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;

☐ **Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or

☐ **INS Form I-94** with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA.

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

☐ **INS petition** and appropriate supporting documentation

Other Document

☐ (Specify) _____

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public) _____

_____ Date

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

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

(SEAL) Notary Public: _____
Commission #: _____
Commission Expires: _____