

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

INSTRUCTIONS AND APPLICATION:
SPECIAL VOLUNTEER LICENSE

GENERAL INFORMATION

Application Fee = No fee is required

In accordance with 59 O.S. Section 493.5, a special volunteer license may be issued to individuals meeting these requirements:

- *A Registered Nurse, Advanced Practice Registered Nurse, or Licensed Practical Nurse who previously held a nursing license at the same level in Oklahoma or another state that is currently lapsed or inactive -or- who holds an active license in another state AND*
- *Submits documentation verifying that the nursing practice will be exclusively and completely devoted to providing care to the indigent and needy persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps AND*
- *Submits documentation that the nurse will not receive or have the expectation to receive any compensation, direct or indirect, for services rendered in this state (Exception: Nurses that participate in the free care given by means of telemedicine through the Shriners Hospitals for Children national network) AND*
- *Completes a special volunteer license application, including documentation of the completion of the basic professional curricula of a school of nursing and the relevant practice history AND*
- *Submits documentation that the nurse has been previously issued a full, unrestricted license to practice nursing in Oklahoma or in another state of the United States, and that he /she has never been the subject of disciplinary action in any jurisdiction AND*
- *Submits evidence of citizenship or qualified alien status*

Instructions

If you wish to apply for a special volunteer license, you must submit the completed application. In addition, you must submit a certified verification (or Nursys verification for those states that participate in Nursys) from your original state of licensure, verifying completion of the basic professional curricula of a school of nursing, completion of the NCLEX or State Board Test Pool Examination, and that you have never been the subject of disciplinary action.

- 1. Completion of Application:** Complete the application and affidavit accurately typed or in black 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 white-out on the application.** You may complete the application form online on our website: www.ok.nursing. When you are finished entering your information, print the completed application form and sign the application **LEGIBLY**.
- 2. Citizenship:** All applicants for licensure must complete the attached *Affidavit of Citizenship Status* or *Evidence of Status Form (Part B)* and submit it with their application.

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, please complete the attached *Affidavit of Citizenship Status*, sign it in front of a Notary Public, and submit it with your application. A license 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 (Part B)* 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 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. The *Evidence of Status (Part B)* form may be obtained from the Board’s website: www.ok.gov/nursing. You may also obtain the form when you bring your application and original alien documentation to the Board office.

- 3. Arrest, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer “yes” to the arrest, discipline, or competency questions on the application, you must submit a signed and dated letter, 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 arrest, conviction, or a deferred sentence, you must submit certified copies of the Information Sheet (a brief summary of the incident prepared by the court), Charges (a 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/state where the action occurred, dated and signed by the court clerk, and affixed with the court seal. 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. 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 nursing or 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.

6. ***Name Change:*** If you were previously licensed in Oklahoma and your license is *not* in your present name, submit a *Name Change Request* and copy of a legal document indicating the change of name (such as a certified copy of a marriage license, divorce decree, or court order).
7. ***Interstate Verification:*** Verification of licensure status, completion of a board-approved nursing program and degree received, and completion of the licensure examination from the original state of licensure is required. This verification may 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. A form to request the verification directly from the board of nursing is attached to this application packet. Information to allow you to request verification from Nursys can be accessed at: www.nursys.com. The states from which licensure can be requested via Nursys are listed on their website.

Contact the Board of Nursing in your original state of licensure to determine the process and fee charged to verify your licensure credentials to another state. Complete the top section of the *Interstate Verification Form* and **mail it with the required fee to the Board of Nursing in your original state of licensure** or follow the process as directed by the Board of Nursing in your state of licensure.

Common Errors That Delay Application Processing

- ***Leaving application questions unanswered or incomplete***
- ***Failing to provide a Social Security Number***
- ***Failing to provide full legal name (with the notation of “NMN” if there is not a middle name)***
- ***Failing to provide license numbers for all licenses held***
- ***Failing to submit an Affidavit of Citizenship Status or Evidence of Status form (Part B)***

SECTION II: EDUCATION

Name of nursing education program from which you graduated

Campus Location

Type of Program (**Please mark an “X” in one of the boxes below**):

LPN _____

Associate Degree _____

Diploma _____

Bachelor’s Degree _____

Other _____

Date you entered program _____ Date you completed program _____

SECTION III: LICENSURE HISTORY

State, Territory or Country of Original Licensure: _____

Original License Number: _____

List **all** other states, territories, or countries where you have been licensed:

State/License # _____ State/License # _____

State/License # _____ State/License # _____

State/License # _____ State/License # _____

State/License # _____ State/License # _____

State/License # _____ State/License # _____

State/License # _____ State/License # _____

Please attach additional sheet if necessary to list all states, territories or countries where you have been licensed.

All other last names under which you have been licensed:

Please note that a certified verification of licensure must be received directly from your original state, territory or country of licensure.

SECTION V: CITIZENSHIP STATUS

Please check one of the following:

- I am a U.S. citizen.
An Affidavit of Citizenship Status must be submitted in order for the application to be complete.

- I am a U.S. national.
An Affidavit of Citizenship Status must be submitted in order for the application to be complete.

- I am a legal permanent resident alien.
An Affidavit of Citizenship Status 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 ARREST/DISCIPLINARY ACTION OR MENTAL 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? (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? | Yes | No |
| 3. | Have you ever received a deferred sentence, for any offense in any state, territory, or country, including expunged offenses? | Yes | No |
| 4. | Have you ever been convicted of a felony in any state, territory, or country? | Yes | No |
| 5. | Have you ever had disciplinary action taken against your nursing license, recognitions, or Certificate; any health-related license, recognition, or certificate; or any applications for a nursing or health-related license, recognition, or certificate in any state, territory or country? | Yes | No |
| 6. | Have you ever been judicially declared incompetent in any state, territory, or country? | Yes | No |

If any answer to any question 1 through 4 is 'Yes', you will need to submit a letter of description and certified copies of the Information Sheet/Charges/Judgment and Sentence or a certified copy of The Order of Expungement. If you answered 'Yes' to question 5, you will need to submit a letter of description and certified copies of the Charges/Complaints, Findings of Fact and Order of the Board. If you answered 'Yes' to questions 6, you will need to submit a letter of description and a certified copy of the Court Order.

SECTION VII: AFFIDAVIT

Please initial each of the following statements. Sign your full legal name on the signature line below.

I declare and affirm that the statements made in this application, including documents, are true, complete and correct. I understand that any false/misleading information in, or in connection with, my application, may be cause for denial or loss of licensure.

I certify that my nursing practice under this volunteer license will be exclusively and completely devoted to providing care to indigent and needy persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps.

Name of Organization for whom I will be volunteering _____

Position _____

Expected Start Date _____

(If you are volunteering for more than one organization, please attach additional pages.)

I certify that I will not receive or have the expectation to receive any compensation, direct or indirect, for services rendered in this state (An exception is made for nurses who are participating in the free care given by means of telemedicine through the Shriners Hospitals for Children national network. If you fall under this exception, please initial here _____.)

I certify that I have been previously issued a full, unrestricted license to practice nursing in Oklahoma or in another state of the United States, and that I have never been the subject of disciplinary action in any jurisdiction. If I am an Advanced Practice Registered Nurse, I certify that I hold current certification in my advanced practice specialty area.

(Sign full name – Do not print; if no middle name, indicate ‘NMN’)

Signature: _____
 First Middle Maiden Last

Date: _____

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)

