

OKLAHOMA BOARD OF NURSING
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

INSTRUCTIONS AND APPLICATION FOR INITIAL RECOGNITION AS AN ADVANCED PRACTICE NURSE

APPLICATION FEE - \$70.00

Use this application if you are applying for advanced practice recognition in Oklahoma and have not been recognized previously in Oklahoma in the same advanced practice category. Advanced practice nurses who meet the qualifications for an additional advanced practice category or for an additional specialty area must complete this application.

The *Application for Initial Recognition as an Advanced Practice Nurse* form is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

There are four categories of advanced practice nurses defined in the *Oklahoma Nursing Practice Act*: the Advanced Registered Nurse Practitioner (ARNP), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and the Certified Registered Nurse Anesthetist (CRNA).

The *Oklahoma Nursing Practice Act* requires current licensure as a registered nurse and temporary recognition or initial certificate of recognition for practice as an advanced practice nurse from the Oklahoma Board of Nursing *prior* to employment in Oklahoma in a role that requires recognition as an advanced practice nurse or identifying oneself as an advanced practice nurse. The advanced practice nurse must hold a separate recognition in each specialty area for which he/she has obtained the required education and certification.

REQUIREMENTS FOR APN RECOGNITION IN OKLAHOMA

Educational Requirements: To be eligible for recognition, an applicant must have completed a formal program of study meeting the requirements of the Board as follows:

- An applicant for recognition as a Clinical Nurse Specialist must hold a master's degree in nursing from a nursing program accredited by or holding preliminary approval or candidacy status with the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education. Documentation submitted must verify the completion of a minimum of two semesters of course work in which the major focus of study was a clinical nurse specialist track or pathway.

- An applicant for recognition as a Certified Nurse Midwife must complete a program meeting the requirements of the American College of Nurse Midwives to prepare the applicant for certification in the practice of nurse-midwifery and accredited by the American College of Nurse Midwives Division of Accreditation.
- An applicant for recognition as a Certified Registered Nurse Anesthetist must have successfully completed a nurse anesthesia educational program accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs.
- An applicant for recognition as an Advanced Registered Nurse Practitioner must complete a program that is a part of a **Master's level or higher** preparation in nursing in a program accredited by or holding preliminary approval or candidacy status with the National League for Nursing or the Commission on Collegiate Nursing Education; **or** that meets the following requirements:
 - a. be based on measurable objectives that relate directly to the scope of practice for the specialty area;
 - b. include theoretical and clinical content directed to the objectives;
 - c. be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year;
 - d. be university-based or university-affiliated with oversight by a nursing program accredited by an approved national nursing accrediting agency.

Certification in Area of Specialty: The applicant must also hold a **current national certification** in the specialty area at an advanced practice level which is recognized by the Board. Successful completion of the educational program shall establish an academic preparation consistent with the recognized certification examination in the specialty area.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. ***Completion of application:*** Complete the application and affidavit accurately typed or in black ink. You must complete all sections of the application with the same name as the name on your nursing license. 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.gov/nursing. When you are finished entering your information, print the completed application form and take the application to a Notary Public. You must sign the application LEGIBLY in the presence of a Notary Public, using your full legal name.
2. ***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 incompetence, please contact the Board office for further instructions. This information should accompany your application and fee. Please note that arrests, disciplinary action, and judicial declaration of incompetence that have previously been reported in writing to the Board do not have to be reported again.

3. **Photograph:** Attach a signed and dated 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.**

4. **Transcript:** An official transcript should be submitted from your advanced practice educational program verifying completion of the program of study. **Transcripts that have been issued to the student will not be accepted.**

The Oklahoma Board of Nursing must evaluate the curriculum provided in the out-of-state advanced practice program to ensure that it meets the state's curricular requirements. If you completed an advanced practice program in another state, you may be requested to submit further information to verify that the program meets the requirements of the Oklahoma Board of Nursing.

5. ***Certification by a National Certifying Body:*** Current national certification at an advanced practice level in the specialty area consistent with the advanced practice educational program you completed and recognized by the Board is required to receive advanced practice recognition. You may access the list of certifications approved by the Oklahoma Board of Nursing at www.ok.gov/nursing/prac-natlcert.pdf. You must select the certification code from the list to include on your application. **Only one** certification code may be selected per application. **Please submit a legible photocopy of your current certification from the national certifying body.**

In order to change or add an area of specialty and national certification, you must meet initial requirements for advanced practice recognition, which requires submission of a new application. In addition, the Board must be notified in writing of changes of national certification within the same specialty area within 30 days of the change.

6. ***Fee:*** Attach to your application a money order, personal check, certified check or cashier's check in the amount of \$70.00 payable to the Oklahoma Board of Nursing. **The fee for temporary recognition is an additional \$10.00.** If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review. The application and fee are valid for one year from the date received in the Board office.
7. ***Temporary Recognition:*** To be eligible for temporary recognition, an applicant must have completed an advanced practice nursing educational program approved by the Oklahoma Board of Nursing, as verified by the official transcript and supporting documentation for out-of-state programs if requested. In addition, the applicant must have enrolled and been accepted to sit for a board-approved national certification examination applicable to the level and clinical specialty. The applicant for temporary recognition must submit documentation verifying acceptance to sit for the national certification examination which includes a specific test date or a range of dates that the applicant is eligible to test.

Notify the Board office immediately of the results of the national certification examination by submitting: (i) a copy of the letter of verification of the initial certification received from the certifying body with the certification number, date the certification was granted, and expiration date, and (ii) a completed, notarized Advanced Practice Affidavit which is attached to the application. If you do not successfully pass the examination, you must cease practice immediately as a graduate of the advanced practice program, submit a copy of the results to the Board office, and contact the Board office at (405) 962-1800, for further instructions.

Temporary recognition expires upon approval of advanced practice status, or 120 days following the national certifying examination, or upon receipt of failing national certification exam, whichever comes first. Temporary recognition shall not exceed one year from the date of graduation from the advanced practice nurse program. Temporary recognition is not renewable.

8. ***Certified Nurse Midwives:*** Please verify on the application form your enrollment in a current cycle of continuing competency assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board.

GENERAL INFORMATION

Your application to the Board is valid for one year after receipt. After that time, a new application and fee must be submitted. Please allow 14 days processing time from the date of receipt of your completed application in the Board office. Applications are processed in the order they are received. Repeated telephone calls will delay, rather than facilitate, the processing of your application. Please avoid calling the Board office to check on the status of your application until at least 14 days have passed since the date of receipt of your completed application and transcript in the Board office. **Fees submitted are not refundable.**

The *Initial Application for Prescriptive Authority* is available on the Board's website: www.ok.gov/nursing. The advanced practice nurse must hold prescriptive authority recognition **for each advanced practice recognition** in the State of Oklahoma in order to prescribe drugs and other medical supplies.

Common Mistakes That Delay Application Processing

Common mistakes that delay the processing of your application include **failure to:**

- **Complete all application questions**
- **Provide a Social Security number**
- **Provide the full name of licensure**
- **Provide license or certificate numbers**
- **Sign and date the photograph, or signing illegibly**
- **Sign the application with the full legal name in the presence of a Notary Public, or signing illegibly**
- **Request that an official transcript be submitted directly to the Board by the advanced practice educational program**
- **Submit a legible photocopy of the current advanced practice national certification, or evidence of eligibility to take the certification examination**
- **Document the national certification category or certification code on the application**

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APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE

TYPE OR PRINT IN BLACK INK ONLY

I hereby make application for recognition as an advanced practice nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3(a)5).

SECTION I. APPLICANT INFORMATION

Type of Recognition (Check one): ARNP CNM CNS CRNA
Check if Temporary Recognition Requested: Oklahoma Licensure Number _____

Social Security # _____ - _____ - _____ Date of Birth: _____
mm dd yyy

Full legal name _____
First Middle Maiden (If applicable) Last

Mailing Address _____
Box number or Street Address

_____ (_____) _____ - _____
City State Zip Telephone Number

Email Address _____

SECTION II: EDUCATION

Name of School Offering Advanced Practice Nurse Program _____

Location _____

Type of program (Check one):
Certificate Bachelor's Master's in Nursing
Master's in Other Field Post-master's Certificate Doctorate in Nursing

Date admitted to program _____ Date Program completed _____

SECTION III: CERTIFICATION INFORMATION

TO BE COMPLETED BY THOSE APPLYING FOR INITIAL RECOGNITION

Name of APN certification _____

Name of national certifying body _____

National certification number _____ Date of initial certification _____

TO BE COMPLETED BY THOSE APPLYING FOR TEMPORARY RECOGNITION

Name of APN certification exam you are scheduled to write _____

Name of national certifying body _____

Current or anticipated national certification code number _____

All applicants must select only one code from the list in *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing*, available on the Board's website: www.ok.gov/nursing/prac-natlcert.pdf.

TO BE COMPLETED BY CNMs ONLY:

If you are applying for CNM recognition, have you enrolled in the Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board?

Yes No

SECTION IV: EMPLOYMENT INFORMATION

Are you or have you ever practiced or represented yourself as an Advanced Practice nurse in the State of Oklahoma? Yes No

If yes, list name and address of employer, your position title, and the last date you worked in a position requiring a nursing license.

Name of Employer Address

Name of Supervisor Supervisor's Telephone Number

Position Title Last Date Worked in Position Requiring Nursing License

If no, list name and address of most recent employer:

Name of Employer Address

Position Title Last Date of Employment

Are you recognized as an advanced practice nurse in any other state(s) Yes No

If yes, give the name of state(s)

State _____ Number _____ State _____ Number _____

State _____ Number _____ State _____ Number _____

SECTION VI: PHOTOGRAPH

**TAPE 2" X 2"
PHOTO HERE**

**SIGN AND
DATE PHOTO
PLEASE!**

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.**

SECTION VII: HISTORY OF ARREST, DISCIPLINARY ACTION, OR MENTAL INCOMPETENCE

1. Have you ever been arrested for any offenses in any state, territory, or country, including expunged offenses, with the exception of minor traffic offenses, not previously reported to the 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 to the 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 report to the Board? Yes No
4. Have you ever been convicted of a felony in any state, territory, or country, not Previously reported to the 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 to the Board? Yes No
6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported to the Board? Yes No

If any answer to any question #1 through #4 is yes, please submit a letter of description and certified copies of Information Sheet, Charges, Judgment and Sentence, or a certified copy of the Order of Expungement. If you answer yes to question #5, please submit a letter of description and certified copies of the charges/complaints, finding of fact, and orders of the Board. If you answer yes to question #7, please submit a letter of description and a certified copy of the Court Order.

PRACTICE AFFIDAVIT

To be filled out by the applicant before the Notary Public.

Applicants applying for Temporary Recognition: DO NOT COMPLETE THIS AFFIDAVIT UNTIL YOU have received passing results from the national certification examination.

I hereby state that I will maintain certification as a(n) _____
(Name of APN National Specialty Certification)

through the _____ during licensure as a Registered
(Identify the national certifying body from which you obtained your certification)

Nurse in Oklahoma. In the event that my national certification is no longer in effect for any reason, I will notify the Board immediately and cease practice as an Advanced Practice Nurse. I understand that practicing as an advanced practice nurse without current national certification is grounds for disciplinary action. I understand that false or misleading information in or in conjunction with my application may be cause for denial of the application and/or loss of licensure/certification/recognition. I hereby state I am the Applicant who is referred to in the forgoing Application for Recognition as an Advanced Practice Nurse and the statements herein are true in every respect.

AFFIDAVIT

**Legibly sign full legal 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 license and/or recognition.

Signature of applicant: _____
First Middle Maiden (if applicable) Last

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 the presence on this form with the signature of his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, _____.

Notary Public Signature: _____

My Commission expires: _____

(NOTARY SEAL)