

SECTION I: TO BE COMPLETED BY APPLICANT/ LICENSEE:

- Please note that the applicant/licensee may complete ONLY Section I

TYPE OF APPLICATION: ☐ Endorsement ☐ Reinstatement ☐ APRN licensure ☐ Renewal Audit ☐ Multistate OK Existing Non-Active

NAME OF NURSE/AUA:

My signature below authorizes the employer to complete this form. **The applicant is responsible for uploading this completed document to the ORBS Nurse Portal to accompany application submission.**

Signature of Nurse/AUA

Date

SECTION II: TO BE COMPLETED BY EMPLOYER:

Name of Employer: _____

Address of Employer: _____
Street City State

Telephone Number of Employer: _____

Title of Position(s) Held by Employee: **(Please attach a job description for each of the positions held.)**

Position Title	Date Hired (mm/dd/yyyy)	Last Date in Position (mm/dd/yyyy)
Position Title	Date Hired (mm/dd/yyyy)	Last Date in Position (mm/dd/yyyy)

Last Date Worked in a Position Requiring a Nursing License/AUA certificate: _____
(mm/dd/yyyy)

If applicable – Last Date Worked in a Position Requiring Rx Authority Recognition: _____
(mm/dd/yyyy)

Current Employment Status (i.e.: currently working, suspended, on leave, terminated, etc): _____

For RN/LPN/APRN applicants only:

I certify that the nurse identified on this document has worked 520 hours or more in a position requiring a nursing license in the five years immediately prior to the date of completion of this form. (Check one)

____ Yes ____ No (If no, please indicate the number of hours worked: _____ Hours)

For AUA applicants only:

I certify the AUA identified on this document has worked in an acute care setting in a position requiring an AUA certificate for a minimum of 12 months within the previous 24 months.

____ Yes. **If yes**, please indicate the month/year employment began _____ / _____
and month/year employment ended (if current, please indicate such) _____ / _____

____ No. **If no**, please indicate the month/year employment began _____ / _____
and month/year employment ended (if current, please indicate such) _____ / _____

The Oklahoma Nursing Practice Act (Oklahoma Statutes Title 59 §567.1 et seq.) requires that any person who represents himself/herself as a Registered Nurse, Licensed Practical Nurse or Advanced Unlicensed Assistant in this state must have a current Oklahoma license/certificate. Continued employment in nursing (including orientation to a position that requires a nursing license or AUA certificate) without a valid nursing license or AUA certificate is considered in violation of the provisions of the Oklahoma Nursing Practice Act and may subject the person to disciplinary action.

I have read the above statement. I certify that all the statements contained herein are true and correct.

Signed: _____ Name Printed: _____

Title: _____ Date: _____

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