



Request for Certificate for Framing for the Licensed Nurse or Certified AUA

Fee: \$15.00

Date of Birth

Social Security Number

Nurse License/AUA Cert # _____ Type: ☐AUA ☐LPN ☐RN ☐APRN

If APRN, please indicate APRN role title: ☐CNP ☐CNS ☐CNM ☐CRNA

Verification available at this link: <https://okbn.boardsofnursing.org/licenselookup>

A **Graduate** of: _____
(School of Nursing/AUA training program – **MUST MATCH TRANSCRIPT VERIFIED AT OBN**)

Education Program City

State

Please Print or Type Name Below (**MUST MATCH LICENSE/CERTIFICATION**):

First Name

Middle Name

Last Name

Address (**MUST MATCH ADDRESS ON FILE WITH OBN**)

City

State

Zip

By signing below, I CERTIFY that I am the licensee or certificate holder listed above and that these statements are true and correct.

Signature: _____
First Middle Maiden Married

Subscribed and sworn to before me this _____ day of _____

20____.

Notary Public Signature

(SEAL)

Commission Expires: _____

Commission#: _____

Mail or deliver this completed form with the fee to OBN for processing.

Mailing Address:

P.O. Box 52926
Oklahoma City, OK 73152

Physical Address:

2501 N. Lincoln Blvd., Ste. 207
Oklahoma City, OK 73105