

Oklahoma Board of Nursing  
P.O. Box 52926  
Oklahoma City, OK 73152  
405-962-1800  
<https://oklahoma.gov/nursing>

INSTRUCTIONS and PETITION  
TO REQUEST DETERMINATION OF  
ELIGIBILITY FOR LICENSURE or CERTIFICATION  
FOR INDIVIDUALS WITH HISTORY OF  
CRIMINAL CONVICTION

*Application Fee = \$95.00*

Use this Petition if you:

- Have a history of one or more criminal convictions
- Wish to know if you are eligible to become an Advanced Practice Registered Nurse
- Wish to know if you are eligible to become a Registered Nurse
- Wish to know if you are eligible to become a Licensed Practical Nurse
- Wish to know if you are eligible to become an Advanced Unlicensed Assistant

**INSTRUCTIONS**

**PLEASE READ THE INSTRUCTIONS CAREFULLY  
BEFORE COMPLETING THE PETITION**

A list of criminal convictions that **DISQUALIFY** an applicant from being eligible for nursing licensure or for advanced unlicensed assistant certification is available on the Oklahoma Board of Nursing website at this link: <https://oklahoma.gov/nursing/criminal-history.html>. **If you have been convicted of any of the listed crimes you are not eligible for licensure or certification.**

1. Completion of application: You must complete the entire application with your full legal name, which is the name on your birth certificate and any subsequent legal name changes. Please indicate "NMN" if you do not have a middle name.

When you are finished entering your information, sign the Petition LEGIBLY, using your full legal name.

2. **Fee:** Attach to your application the appropriate fee payable by **cashier's check or money order**. If the fee is not submitted or if the fee is incorrect, the application will be immediately returned without review. *Fees submitted are not refundable.*

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**PETITION FOR DETERMINATION  
OF ELIGIBILITY FOR LICENSURE OR CERTIFICATION**

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

I hereby make application for a determination of eligibility for nurse licensure or advanced unlicensed assistant certification in accordance with the statutes of the state of Oklahoma (59 O.S. §§ 567.1 et seq. and §4000.1.)

**Section I: Petitioner Information**

My full legal name is \_\_\_\_\_  
First Middle Maiden (if applicable) Last

My mailing address is

\_\_\_\_\_  
Box number or Street address  
\_\_\_\_\_  
City State Zip

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Section II: Criminal History Information**

The petitioner for a determination of eligibility must include a complete criminal conviction history with the application. This does not include convictions for crimes committed as a juvenile, or convictions that have been expunged by Order of a court of competent jurisdiction.

The criminal history shall be presented in one of two ways and **attached to this Petition**:

- 1) The petitioner may submit with this Petition, a copy of his or her official criminal history record with a typewritten explanation of each conviction mentioned in the criminal history record; or
- 2) The petitioner may submit a typewritten statement describing each criminal conviction including the date of each conviction, the court of jurisdiction and the sentence imposed.

The petitioner for a determination of eligibility may include additional information for consideration, including, but not limited to: 1) information relevant to the nature and seriousness of the offense; 2) the amount of time that has passed since the offense; 3) petitioner's age when the offense was committed; 4) circumstances of the offense, including aggravating or mitigating circumstances of social conditions surrounding the commission of the offense; 5) the nature of the specific duties and responsibilities for which the license is required; and 6) evidence of rehabilitation, including compliance with community supervision, parole, or mandatory supervision; conduct and work activity; programming or treatment undertaken; and testimonials or personal reference statements.

### **Section III:**

Please check each of the following to verify your understanding:

\_\_\_\_\_ I understand that I must complete all questions on the application form, typed or printed in black or blue ink with no correction fluid. I understand that I must attach a **cashier's check or money order** for \$95.00 to this Petition.

\_\_\_\_\_ I understand that the Board's decision on my application for determination of eligibility for nurse licensure or advanced unlicensed assistant certification is based ENTIRELY on the information I have provided with this Petition.

\_\_\_\_\_ I understand that IF the Board makes a determination that I presently appear eligible for nurse licensure or advanced unlicensed assistant certification, that determination is NOT A GUARANTEE that I will be eligible at the time I actually apply for licensure or certification.

\_\_\_\_\_ I understand that my subsequent conduct, or facts not reported by me, or criminal convictions not disclosed at the time of the determination, may bear on my eligibility at the time I actually apply for licensure or certification.

### **AFFIDAVIT**

**Sign full name LEGIBLY – No initial – DO NOT PRINT – If no middle name, indicate NMN**

I declare and affirm that the statements made in this Petition, including any and all accompanying documents prepared by me, are true, complete and correct.

**Signature of Petitioner for Determination of Eligibility:**

\_\_\_\_\_

Print full legal name in the space below:

\_\_\_\_\_

First

Middle

\_\_\_\_\_

Last

\_\_\_\_\_

Date