



Instructions for Petition to Request Determination of Eligibility for Licensure or Certification

Application Fee = \$95.00

For Individuals with History of Criminal Conviction

Use this Petition if you have a history of one or more criminal convictions and:

- Want to know if you are eligible to become an Advanced Practice Registered Nurse
- Want to know if you are eligible to become a Registered Nurse
- Want to know if you are eligible to become a Licensed Practical Nurse
- Want to know if you are eligible to become an Advanced Unlicensed Assistant

**PLEASE READ THESE INSTRUCTIONS CAREFULLY
BEFORE COMPLETING THE PETITION FORM
FEES SUBMITTED ARE NOT REFUNDABLE
REFUNDS WILL NOT BE PROCESSED**

Instructions

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 petition: You must complete the entire petition 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, money order, or an in-person cash payment**. If the fee is not submitted or if the fee is incorrect, the application will be immediately returned without review.

Mail or deliver the completed petition form and the identified documents with 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



Petition to Request 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

Social Security Number _____

Date of Birth _____

My mailing address is:

Box number or Street address

City State Zip

Telephone: Day (____) _____ Evening (____) _____

Email address _____

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 the purpose of this Petition to Request Determination of Eligibility for Licensure or Certification is for individuals with a history of criminal conviction(s).

_____ 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 or pay cash in person.

_____ 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