

OKLAHOMA BOARD OF NURSING
2501 N. Lincoln Blvd., Suite 207
Oklahoma City, OK 73105
(405) 962-1800
<http://www.oklahoma.gov/pwtukpi>

EVIDENCE OF STATUS FORM

GENERAL INFORMATION

State law requires the Board of Nursing to issue a license or certificate only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present to the agency, *in person*, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
2. A pending or approved application for asylum in the U.S.;
3. Admission into the U.S. in refugee status;
4. A pending or approved application for temporary protected status in the U.S.;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will be eligible to receive a license/certification that is valid only for the time period of their authorized stay in the U.S., or, if there is no end date to the time period of their authorized stay, for one year. The license/certification is required to indicate that it is temporary. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

In order to verify citizenship or qualified alien status, applicants for nursing licensure by endorsement or examination, for certification as an advanced unlicensed assistant, or for reinstatement/return to active status of their license or certificate, must upload an *Evidence of Status Form* and the required supporting documentation before the application is processed

INSTRUCTIONS FOR COMPLETION OF THE FORM

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must upload the notarized *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under “Acceptable Documents to Establish Evidence of Citizenship” on the *Evidence of Status: Part A* form. A license will not be issued until the appropriate documentation is uploaded.

If you are a qualified alien, you must bring the *Evidence of Status Form: Part B* to the Oklahoma Board of Nursing office, along with the original documents that support your qualified alien status, as shown on the *Evidence of Status: Part B* form. At the Board office, a staff member will review your qualified alien documentation and will make a notarized copy.

EVIDENCE OF STATUS FORM: PART A

Type or Print Clearly – Please use black or blue ink only

Return to the Board office via your Nurse Portal Account. -

Date: _____ Social Security #: _____

Full Legal Name: _____
First Middle Maiden (if applicable) Last

I am submitting evidence of my status in order to apply for: (CHECK ONE OF THE FOLLOWING)
 Renewal Reinstatement License/Certificate by Examination License by Endorsement

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please upload a photocopy of one of the following documents with this form. Place a checkmark below to indicate the document that is attached.

U.S. Citizen or U.S. National

_____ **A government-issued birth certificate** showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;

_____ **United States passport** (except limited passports, which are issued for periods of less than five years);

_____ **Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens);

_____ **Certificate of birth (FS-545)** (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;

_____ **Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed);

_____ **Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed);

_____ **United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);

_____ **Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

_____ **Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or

_____ **American Indian Card with a classification code “KIC” and a statement on the back** (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)

Alien Lawfully Admitted for Permanent Residence:

_____ **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or

_____ **Unexpired Temporary I-551** stamp in foreign passport or on INS Form I-94.

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my *Evidence of Status* application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public)

Date

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document.

Subscribed and sworn before me this _____ day of _____, 20_____.

(SEAL) Notary Public: _____
Commission #: _____
Commission Expires: _____

EVIDENCE OF STATUS FORM: PART B

Type or Print Clearly – Please use black or blue ink only

Bring this form IN PERSON to the Board office.

Date: _____ Social Security #: _____

Full Legal Name: _____
First Middle Maiden (if applicable) Last

I am submitting evidence of my status in order to apply for: **(CHECK ONE OF THE FOLLOWING)**
 Renewal **Reinstatement** **License/Certificate by Examination** **License by Endorsement**

If you are a qualified alien, please bring in person the original, unexpired immigration documents to the Oklahoma Board of Nursing office. Place a checkmark below to indicate the document(s) that will be submitted.

Immigrant or Non-Immigrant Visa Status:

- INS Form I-94**
- INS Form I-688B**

Asylee:

- INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;
- INS Form I-688B** (Employment Authorization Card) annotated “27a .12 (a) (5)”;
- INS Form I-766** (Employment Authorization Document) annotated “AS”;
- Grant letter** from the Asylum Office of INS; or
- Order** of an immigration judge granting asylum.

Refugee:

- INS Form I-94** annotated with stamp showing admission under §207 of the INA;
- INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”;
- INS Form I-766** (Employment Authorization Document) annotated “A3”;
- INS Form I-571** (Refugee Travel Document).

Alien Paroled Into the U.S. for at least One Year:

- INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of time for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

- INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (10)”;
- INS Form I-766** (Employment Authorization Document) annotated “A10”;
- Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

- INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;
- INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”;
- INS Form I-766** (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant:

- INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
- Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- INS Form I-94** with stamp showing parole as “Cuba/Haitian Entrant” under § 212 (d) (5) of the INA.

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- INS petition** and appropriate supporting documentation

Other Document

(Specify) _____

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature of Applicant (Do not sign until in the presence of the Notary Public) _____

_____ Date

I certify that on the date set forth below, the individual named above appeared personally before me and that I identified this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant, and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document.

Subscribed and sworn before me this _____ day of _____, 20_____.

(SEAL) Notary Public: _____
Commission #: _____
Commission Expires: _____