OKLAHOMA BOARD OF NURSING

Mailing Address: P.O. Box 52926 Oklahoma City, Oklahoma 73152 (405) 962-1800

REQUEST FOR CERTIFICATE FOR FRAMING

| Date of Birth | Social Security Number | | Certificate # | ₹ RN | LPN |
|-----------------------|--|-----------|---------------|---------|---------|
| Graduate of | | | | | |
| | (School of N | Nursing) | | | |
| City | | State | | | |
| PLEASE PRINT | OR TYPE: | <u> </u> | NC 111 |) (: 1 | |
| | | First | Middle | Maiden | Married |
| | | Address | | | |
| | | City | | State | Zip |
| ****** | ******* | ***** | ***** | ****** | ***** |
| STATEMENTS A | | | | | |
| Signature of Lice | nseeFirst |) (; 1.11 |) (· 1 | N : 1 | |
| | | | | | |
| Subscribed and sv | worn to before me this | day of | | 20 | · |
| My Commission Expires | | | Notary Publ | ic | |
| | | | (SEAL) | | |
| | is affidavit must be companied by a fee of \$1 | 15.00 | | | |