



Oklahoma Board of Nursing
P.O. Box 52926
Oklahoma City, OK 73152

CERTIFICATE FOR INCORPORATION REQUEST

This is a request for a Certificate of Licensure for incorporation purposes for the following nurse:

Name of Licensee License No.

License number available at this link: <https://okbn.boardsfnursing.org/licenselookup>

RN APRN CNP CNS CNM CRNA
Licensure Type IF APRN, please indicate the APRN role title:

Mailing Address

City State Zip

Phone Number Email Address

I CERTIFY THAT I AM THE LICENSEE LISTED ABOVE AND THAT THE STATEMENTS CONTAINED
HEREON ARE TRUE AND CORRECT.

Signature of Licensee: _____
First Middle Maiden Married

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

Notary Public Commission No. Commission Expiration

(SEAL)

This affidavit must be accompanied by a non-refundable fee of \$15.00