

Oklahoma Board of Nursing  
2501 N. Lincoln Blvd, Ste 207  
Oklahoma City, OK 73105  
(405) 962-1800

**Mail Form and Payment to:  
Oklahoma Board of Nursing  
P.O. Box 52926  
Oklahoma City, OK 73152**

Office Use Only		
To ID	_____	
Disc. Action	Y	N
Reviewed by	_____	
Date	_____	
Processed	_____	

**Request for Written Verification of Licensure Status**

**Fee = \$10.00 for non-certified verification  
OR  
\$40.00 for certified verification**

**NOTE:** A certified verification is required for verifications provided to other boards of nursing or to CGFNS. A request for verification to another board of nursing or to CGFNS will not be processed unless it is accompanied by the \$40.00 fee.

**Effective December 1, 2017,** certified verifications for **Registered Nurses** and **Licensed Practical Nurses** will be provided through the National Council of State Boards of Nursing's national database for verification of nurse licensure, Nursys, by accessing:

<https://www.nursys.com/NLV/NLVTerms.aspx>

Certified verifications for **Advanced Practice Registered Nurses (APRN)** will continue to be provided by the Oklahoma Board of Nursing. To request a certified verification for an APRN, please complete this form and submit the appropriate fee of \$40.00 for certified verification of licensure.

The fee must be submitted with this form. If the appropriate fee is not received, the verification will not be processed.

**PLEASE MAIL THE VERIFICATION TO:** (Please note that certified verifications must be mailed directly to the licensing entity or CGFNS.)

Name \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION FOR THE INDIVIDUAL REQUESTING THE VERIFICATION:**

Name \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_

**LICENSEE INFORMATION:**

Name of Licensee \_\_\_\_\_  
Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

OK License # \_\_\_\_\_

The following may be requested to accompany written verification of licensure status. In addition to the fee for the written verification, applicable fees will be charged. **(Please check the additional records and/or services requested.)**

- \_\_\_\_\_ Copy of initial applicant records (Copy fee of \$0.25 per page)
- \_\_\_\_\_ Copy of renewal records on file (Copy fee of \$0.25 per page)
- \_\_\_\_\_ Fax records (\$1.00 per page)
- \_\_\_\_\_ Certification of record (\$1.00 per page)

Certified and non-certified written verifications of licensure status include the following information:

- Name of licensee
- Last reported address
- Type of license/s held
- License number
- Status of license
- Effective date of license
- Expiration date of license
- Education
- Licensure examination date
- Type of Advanced Practice Registered Nurse license held (if applicable), effective date, and expiration date
- Prescriptive authority privileges (if applicable), effective date, and expiration date
- Verification of past disciplinary action by the Oklahoma Board of Nursing
- If disciplinary action has been taken, a photocopy of the formal complaint and Board order

In addition to the above, a certified verification of licensure will include the following:

- Licensure examination results
- Number of times licensure examination was taken
- If disciplinary action has been taken, a certified copy of the formal complaint and Board order

The *Request for Written Verification of Licensure Status* and the fee must be received to process your request. If you request copies of licensing records, faxed records, or certification of each page of the record, these fees must also be paid before the copies are provided, certified, or faxed. Please provide a telephone number so that we may notify you of the additional amount due.

Some licensure information can be verified on the Board's website at: <https://okbn.boardsfnursing.org/licenselookup> and on Nursys at: <https://www.nursys.com/LQC/LQCTerms.aspx>.

Please check these websites to determine whether the information available will meet your needs prior to submitting a request for written verification of licensure.