

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
405-962-1800
www.nursing.ok.gov

INSTRUCTIONS and PETITION
TO REQUEST INITIAL DETERMINATION OF
ELIGIBILITY FOR LICENSURE or CERTIFICATION
FOR INDIVIDUALS WITH HISTORY OF
CRIMINAL CONVICTION

Application Fee = \$95.00

Use this Petition if you:

- Have a history of one or more criminal convictions
- Wish to know if you are eligible to become an Advanced Practice Registered Nurse
- Wish to know if you are eligible to become a Registered Nurse
- Wish to know if you are eligible to become a Licensed Practical Nurse
- Wish to know if you are eligible to become an Advanced Unlicensed Assistant

INSTRUCTIONS

PLEASE READ THE INSTRUCTIONS CAREFULLY
BEFORE COMPLETING THE PETITION

A list of criminal convictions that **DISQUALIFY** an applicant from being eligible for nursing licensure or for advanced unlicensed assistant certification is included as part of this document. **If you have been convicted of any of the listed crimes you are not eligible for licensure or certification.**

1. Completion of application: You must complete the entire application 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 or money order**. If the fee is not submitted or if the fee is incorrect, the application will be immediately returned without review. *Fees submitted are not refundable.*

STANDARDS RELATED TO CRIMINAL HISTORY FOR CURRENT NURSING LICENSEES AND CERTIFICATE HOLDERS, APPLICANTS FOR LICENSURE OR CERTIFICATES, AND FOR PREDETERMINATION OF ELIGIBILITY FOR LICENSURE OR CERTIFICATES

(c) All crimes listed in this subsection are as described in Titles 21, 47 and 63 of the Oklahoma Statutes. In addition, the Board recognizes and gives similar treatment to similar offenses charged in other jurisdictions. Felony convictions that disqualify an individual from retaining licensure or becoming licensed as a nurse, or retaining certification or becoming certified as an AUA in Oklahoma include:

- (1) Crimes involving fraud, theft, lying and/or falsification.
 - (A) Robbery 21 O.S. § 791 et seq.
 - (B) Falsely personating another to gain money or property 21 O.S. § 1532.
 - (C) Identity theft 21 O.S. § 1533.1.
- (2) Crimes involving sexual misconduct.
 - (A) Human Trafficking 21 O.S. § 748.
 - (B) Trafficking in children 21 O.S. § 866.
 - (C) Incest 21 O.S. § 885.
 - (D) Forcible sodomy 21 O.S. § 888.
 - (E) Indecent exposure, indecent exhibitions, obscene material or child pornography, solicitation of minors 21 O.S. § 1021.
 - (F) Procure, cause the participation of a minor in any child pornography, buys, or knowingly possesses, procures, manufactures, or causes to be sold or distributed child pornography 21 O.S. §§ 1021.2 and 1024.2
 - (G) Commercial sale or distribution of pornography 21 O.S. § 1040.13.
 - (H) Soliciting/offering sex with minor 21 O.S. § 1040.13a.
 - (I) Offering or transporting one under 18 for sex 21 O.S. § 1087.
 - (J) Child Prostitution – unlawful detainment in prostitution house 21 O.S. § 1088.
 - (K) Lewd or indecent proposals to minor, sexual battery of minor 21 O.S. § 1123.
 - (L) Knowingly engaging in acts likely to spread Human Immunodeficiency Virus 21 O.S. § 1192.1.
- (3) Crimes involving drugs and/or alcohol.
 - (A) Causing, aiding, abetting minor to commit controlled dangerous substance crimes 21 O.S. § 856.1.
 - (B) Drug trafficking 63 O.S. § 2-415.
- (4) Crimes involving threats, violence and/or harm to another individual.
 - (A) Assault, battery, or assault and battery with a dangerous weapon 21 O.S. § 645.
 - (B) Aggravated assault and battery 21 O.S. § 646.
 - (C) Aggravated assault and battery on a law officer 21 O.S. § 650.
 - (D) Aggravated assault and battery on medical personnel with firearm or other dangerous weapon 21 O.S. § 650.5.
 - (E) Murder, first or second degree 21 O.S. §§ 701.7 and 701.8.
 - (F) Manslaughter, first degree 21 O.S. § 711.
 - (G) Kidnapping 21 O.S. § 741.
 - (H) Extortionate kidnapping 21 O.S. § 745.

- (I) Malicious intentional intimidation or harassment based on suspect classification 21 O.S. § 850.
- (J) Desertion – abandonment of child under ten 21 O.S. § 851.
- (K) Child endangerment by permitting child abuse 21 O.S. § 852.1.
- (L) Rape first or second degree 21 O.S. §§ 1111 and 1114.
- (M) Peeping Tom – personally or electronically 21 O.S. § 1171.
- (N) Stalking 21 O.S. § 1173.
- (O) Endangering or injuring a person during arson or attempt 21 O.S. § 1405.
- (P) Failure to stop after fatal accident 47 O.S. § 10-102.1.
- (Q) Mingling poison, drugs, or sharp objects with food, drink 21 O.S. § 832.
- (5) Crimes involving harm to property.
 - (A) Violation of Oklahoma Antiterrorism Act 21 O.S. §§ 1268 et seq.
 - (B) Arson, first, second or third degree 21 O.S. §§ 1401, 1402, and 1403.
 - (C) Burglary, first degree 21 O.S. § 1431.

OKLAHOMA BOARD OF NURSING

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***PETITION FOR INITIAL 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 an initial 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

My mailing address is _____
Box number or Street address

City State Zip

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

Email address _____

Social Security Number _____

Section II: Criminal History Information

The petitioner for an initial 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 an initial determination of eligibility may also include a typewritten statement describing additional information for consideration by the Board, including, for example, information about his or her current circumstances, the length of time since conviction and completion of sentence and what has occurred since conviction or completion of sentence, evidence of rehabilitation, testimonials or personal reference statements and employment aspirations.

Section III:

Please check each of the following to verify your understanding:

- _____ 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.
- _____ I understand that the Board's decision on my application for initial 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 an initial determination that I presently appear eligible for nurse licensure or advanced unlicensed assistant certification, that initial 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 initial 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 Initial Determination:

Print full legal name in the space below:

First

Middle

Last

Date