OKLAHOMA BOARD OF NURSING

2915 N. Classen Boulevard, Suite 524 Oklahoma City, Oklahoma 73106 Telephone: (405) 962-1800 / Fax (405) 962-1821

EMPLOYMENT VERIFICATION FORM

SECTION I: TO BE COMPLETED BY APPLICANT/LICENSEE:

OF NURSE/AU	JA:	ulata dhia Saura Q Sau dha annan		 <u>he Board office</u> by mail or fax*.
		te RN/LPN must submit with		
Signature of N	urse/AUA			
		MPLOYER: Please return		by mail or fax*
Name of Empl	oyer:			
Address of Em	ployer:			
Telephone Nu	mber of Employer:			
Title of Position	on(s) Held by Employe	e: (Please attach a job desc	ription for each of the pos	itions held.)
Position Title D		Date Hired	Last Date in	Position
Position Title	Date Hired Last Date in Position		Position	
Last Date Wor	ked in a Position Requ	iring a Nursing License/AU	A certificate:	
Current Emplo	yment Status (i.e.: curi	ently working, suspended, o	on leave, terminated, etc): _	
	APRN applicants only		sition requiring a nursing	license in the two years imm
	ate of completion of tl	nis form. (Check one) f no, please indicate the num		•
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For AUA app		e aguta gara satting in a na	sition requiring on AIIA o	ertificate for a minimum of 1
	the previous 24 mon		sidon requiring an AOA c	er unicate for a minimum of 1
Yes	If yes, please indica	ate the month/year employm		
No	•	ployment ended (<i>if current</i> , te the month/year employment)	•	/
No		ployment ended (<i>if current</i> ,		
	N ' D (' 4	ot (Oblahama Statusa 50	O.S. \$ 567.1 at gag \	ires that any person who r

RS-03 02/04/15

_Date:

I have read the above statement. I certify that the statements contained herein are true and correct.

Signed: __ Title: