



I am requesting that my Oklahoma license, advanced practice recognition, or prescriptive authority recognition be placed on the official inactive list. My current license expires on \_\_\_\_\_. I understand that the effective date of inactive status will be the date that this request is approved in the office of the Oklahoma Board of Nursing, unless I indicate below that I would like to have my request held until the end of the renewal period.

\_\_\_\_\_ Check here if you wish your license, advanced practice recognition, or prescriptive authority recognition to remain active until the expiration date in your current renewal period. Otherwise, your license, advanced practice recognition, or prescriptive authority recognition will be placed on the inactive list on the date this request is approved in the Board office (within 14 days of receipt in the Board office).

I understand that if I place my license on the inactive list, I will not receive a licensure renewal notice or any other routine correspondence/notices from the Board and will not be permitted to represent myself or practice as a licensed nurse in Oklahoma until I return my license to active status and pay the current fee. **I understand that in order to return my license to active status, I will be required to meet requirements of the Board for continuing qualifications for practice that are in effect at the time of my application to return my license to active status.** (Please refer to the *Oklahoma Nursing Practice Act and Rules* to review requirements for return to active status. The requirements may include completion of a refresher course, retaking the licensure examination, or a return to a nursing education program. These requirements are subject to change).

I certify that this information is correct.

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Signature

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Date