

EVIDENCE OF STATUS

GENERAL INFORMATION

New legislation took effect November 1, 2007, requiring the Board of Medical Licensure and Supervision to issue a license only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present valid documentary evidence of:

1. U.S. citizenship, U.S. nationality, or legal permanent resident alien status,
2. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
3. A pending or approved application for asylum in the U.S.;
4. Admission into the U.S. in refugee status;
5. A pending or approved application for temporary protected status in the U.S.;
6. Approved deferred action status; or
7. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will only be eligible to receive a license card that is valid for the time period of their authorized stay in the U.S., or if there is no date of end to the time period of their authorized stay, for one year. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an *Evidence of Status Form* and the required supporting documentation with their application.

INSTRUCTIONS FOR COMPLETION OF THE FORM

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under "Acceptable Documents to Establish Evidence of Citizenship" on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must submit the *Evidence of Status Form: Part B* with notarized copies of the documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY OK 73105
EVIDENCE OF STATUS – PART B

Full Legal Name: _____

First
Middle
Last
Maiden (if applicable)

Mailing Address: _____

Street Address or Post Office Box

_____ **Social Security #:** _____

City
State
Zip Code
Telephone Number

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:	
<input type="checkbox"/>	INS Form I-94
<input type="checkbox"/>	INS Form I-688B
Asylee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"
<input type="checkbox"/>	Grant letter from the Asylum Office of INS
<input type="checkbox"/>	Order of an immigration judge granting asylum
Refugee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<input type="checkbox"/>	INS Form I-571 (RefugeeTravel Document)
Alien Paroled into the U.S. for a least One Year:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
Alien Whose Deportation or Removal Was Withheld:	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"
<input type="checkbox"/>	Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA
Alien Granted Conditional Entry:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
Cuban/Haitian Entrant:	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA
Alien Who Has Been Battered or Subjected to Extreme Cruelty:	
<input type="checkbox"/>	INS petition and appropriate supporting documentation
Other Document (please list)	
<input type="checkbox"/>	

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature _____ Date _____

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

Notary Public _____

Commission Number _____

My commission expires _____

**NOTARY
SEAL**