

Oklahoma Board of Bar Examiners

PO Box 53036, 1901 N Lincoln Blvd
Oklahoma City, OK 73152-3036
(405) 416-7075 In-state TOLL FREE (800) 522-8065

A VALUE MUST BE ENTERED FOR ALL REQUIRED FIELDS OUTLINED IN RED

CHECKLIST

Exam Application by Registered Law Student

IMPORTANT:

Please read and follow all the information on this page to ensure correct and timely processing of your application.

The following items must be completed and returned for the **Exam Application by Registered Law Student**. **DO NOT PRINT DOUBLE-SIDED.**

Reminder:

Keep a copy of the completed application in your permanent records. If you apply for admission in another state, you may be asked to provide a copy of each application ever filed with an admitting authority.

1. **Application for Admission by Examination** - Attach a current 2" x 2" photograph to the area identified in the upper-left corner of Page 2.
2. **Affidavit, Authorization, and Release** - Verify this document is signed and notarized.
3. **Official (certified) Transcript** - This transcript must show final semester grades and the JD degree. If the JD degree has not been completed at the time of the exam application deadline, it is the applicant's responsibility to file the transcript request with the school. The transcript must be received prior to the bar exam in order to take the exam. Applicants who have previously submitted a final law school transcript do not need to supply an additional transcript.
4. **MPRE Score Report** - Multistate Professional Responsibility Examination ([click here to go to the MPRE site](#)). If previously submitted, DO NOT submit additional score report.
5. **Filing fee** - May be paid by check, cash, money order or credit/debit card. If paying by credit card, a 3% processing fee will apply. If paying by check, make check payable to Oklahoma Board of Bar Examiners in the amount of \$650. If you are paying this fee by check, you must attach it to Page 2 of this application. This application fee is non-refundable and must accompany this application. **DO NOT LEAVE LOOSE IN THE ENVELOPE.**

If you require special accommodations for the exam, [click here](#) to send an e-mail request for a Special Accommodations Form. Any request for special accommodations must be filed at least (90) days prior to exam date.

Mail your completed application to one of the addresses listed below:

Postal Delivery Address

Oklahoma Board of Bar Examiners
PO Box 53036
Oklahoma City, OK 73152-3036

**Express Delivery Address
(FedEx/UPS)**

Oklahoma Board of Bar Examiners
1901 N. Lincoln Blvd.
Oklahoma City, OK 73105

Applications may be delivered in person. The Board of Bar Examiners is located at the Oklahoma Bar Center, 1901 N. Lincoln Blvd. Office hours are 8:30 a.m. - 5:00 p.m., Monday - Friday.
No drop box available

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Application

Exam Application by Registered Law Student

Attach 2" x 2" Photo
Please use tape
DO NOT use glue or staples

Photo must have been made
within the last six months.

Do not attach snapshots

I wish to use my laptop for the essay portion of the exam (requires additional fee).

Exam Month\Year

You must read the following before continuing the application process.

PREAMBLE: APPLICANT'S DUTY OF CANDOR

(Rules Governing Admission to the Practice of Law in the State of Oklahoma)

Each applicant for admission to the bar has a duty to be candid and to make full, careful and accurate responses and disclosures in all phases of the application and admission process. Each applicant must respond fully to all inquiries. It is not proper, for an applicant to give either a highly selective or sketchy description of past events reflecting on the applicant's qualifications for admission to the bar. An applicant who violates this duty may be denied admission to the bar.

GENERAL INFORMATION

NAME\SSN

Mr.\Ms.	First Name	Middle Name	Last Name	Jr.\Sr.	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

Street address \ P.O. Box	Apt # \ Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LEGAL ADDRESS Same as mailing

Street address \ P.O. Box	Apt # \ Suite	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHONE NUMBER \ EMAIL

Home #	Work #	Cell #	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BIRTH INFO

Birth Date (mm/dd/yyyy)	Birth City	State	Birth Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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EDUCATION INFORMATION

UNDERGRADUATE EDUCATION

School granting undergraduate degree	Degree	Degree Date (mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

LAW SCHOOL

School granting law degree (must be ABA approved)	Enroll Date (mm/yyyy)	JD Degree Date (mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attended other law school

OTHER LAW SCHOOL ATTENDED

School	Dates of Attendance		<input type="checkbox"/> Received Degree	
	From (mm/yyyy)	To (mm/yyyy)	Degree	Degree Date (mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Official transcripts are required from the schools granting the undergraduate degree and the J.D. Transcripts in sealed envelopes may be submitted with this application or may be mailed directly to the Board by the school. Only one copy of each transcript is required.

PLEASE NOTE: Transcripts from other schools attended while obtaining an undergraduate degree are not required. List other graduate degrees on the NCBE application; graduate degree transcripts are not required. The law school transcript will be submitted upon completion of the degree. If the J.D. has already been granted, the law school transcript must accompany this application.

VISITING AND TRANSFER STUDENT

<input type="checkbox"/> Visiting Student	School	From (mm/yyyy)	To (mm/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transfer Student	School	From (mm/yyyy)	To (mm/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION (MPRE)

A scaled score of **80** is the passing score for admission to Oklahoma (effective January 1, 2022). Applicants are permitted to take the bar exam prior to passing the MPRE but will not be admitted until the MPRE requirement is met. Admission must be effected within one year after passing the bar exam. If admission requirements including the MPRE are not complete within one year, the exam is **nullified**. MPRE scores are accepted from any administration of the exam.

I HAVE TAKEN AND PASSED THE MPRE EXAM

Test Date (mm/yyyy)	Scaled Score	Score Report
<input type="text"/>	<input type="text"/>	<input type="radio"/> Report Attached <input type="radio"/> MPRE Records Department Sending Report

-----OR-----

I HAVE NOT TAKEN OR PASSED THE MPRE EXAM. I WILL TAKE THE MPRE IN:

Test Date (mm/yyyy)
<input type="text"/>

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PART B: SUPPLEMENT TO PRIOR APPLICATION

DUTY TO SUPPLEMENT INFORMATION:

You are under an affirmative duty to supplement the information that you provided the Oklahoma Board of Bar Examiners in the NCBE Applicant's Request for Character Report submitted with your initial application. You are instructed to review your prior applications filed with the Oklahoma Board of Bar Examiners. If you did not keep a copy, you may obtain a copy from the board by written request with check payable to the Oklahoma Board of Bar Examiners in the amount of \$25.

The additional and supplemental facts and information set forth below have occurred since completion of the application for registration as a law student or a prior application for admission to practice law by examination.

Name Change

Has there been any name change since filing your last application of any type?

If yes, state the name used on the last application and the reason for change

First Name	Middle Name	Last Name	Jr.\Sr.	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment

I am currently employed (if yes, list your current employer below)

Current Employer	Position	Hire Date (mm/dd/yyyy)	Work #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address \ P.O. Box	Bldg # \ Suite #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employer #1

LIST ALL CHANGES WITH EMPLOYMENT, BEGINNING WITH THE MOST RECENT

Previous Employer	Position	Hire Date (mm/dd/yyyy)	Work #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address \ P.O. Box	Bldg # \ Suite #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employer #2

Previous Employer	Position	Hire Date (mm/dd/yyyy)	Work #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address \ P.O. Box	Bldg # \ Suite #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employer #3

Previous Employer	Position	Hire Date (mm/dd/yyyy)	Work #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address \ P.O. Box	Bldg # \ Suite #	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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PART B: SUPPLEMENT TO PRIOR APPLICATION (continued)

ANSWER THE FOLLOWING QUESTIONS:

These matters have occurred since my previous application

Have you been a party to any civil actions, including divorce and child support matters?

Have you been cited, arrested, charged, or convicted for any violation of any law other than as a juvenile?
This includes traffic violations. NOTE: This should include matters that have been expunged or been subject to a diversion program

Have you been the subject of a complaint or hearing in any administrative forum?

Have you had any alcohol or drug related offenses?

Have you filed a petition for bankruptcy?

Have you been subject to any disciplinary actions by your law school?

Do you have student loans to repay?
If yes, select "Loan Status"

Loan Status

Default Status *(include if you selected "In Default" for Loan Status)*

Creditor

Account #

Amount Owed

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PART B: SUPPLEMENT TO PRIOR APPLICATION (continued)

ANSWER THE FOLLOWING QUESTIONS:

These matters have occurred since my previous application

Do you have other loans to repay?
If yes, select "Loan Status"

Loan Status

Default Status *(include if you selected "In Default" for Loan Status)*

Creditor

Account #

Amount Owed

Have you ever applied to take the bar exam in any other jurisdiction?

If yes, use comment field below to enter jurisdiction, exam date and exam results for each exam taken.

Are there any additional changes not covered in the questions above that you should report?

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PART B: SUPPLEMENT TO PRIOR APPLICATION (continued)

COMMENTS: If you selected "Yes" to one or more of the above questions, you must enter an explanation in this field.

If yes, provide explanation below

(1000) characters max)

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ADMISSIONS (if applicable)

I have been admitted to practice law in the following jurisdictions

<input type="checkbox"/> Juris #1	Jurisdiction <input type="text"/>	Admission Date <input type="text"/>	Current Status <input type="text"/>	Other Status <input type="text"/>	<input type="checkbox"/> Good Standing
<input type="checkbox"/> Juris #2	Jurisdiction <input type="text"/>	Admission Date <input type="text"/>	Current Status <input type="text"/>	Other Status <input type="text"/>	<input type="checkbox"/> Good Standing

EMERGENCY CONTACT

NAME

Mr.\Ms. <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	Jr.\Sr. <input type="text"/>	Relationship <input type="text"/>
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ADDRESS

Street address \ P.O. Box <input type="text"/>	Apt # \ Suite <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
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PHONE NUMBERS

Home # <input type="text"/>	Work # <input type="text"/>	Cell # <input type="text"/>
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PAYMENT INFO

Pay Type	Check #	Card Type	Credit Card #	Expiration Month\Year		CC Code
Card Holder Name	Card Holder Address	City	State	Zip	Phone #	

By paying by credit or debit card I grant the Oklahoma Board of Bar Examiners permission to assess a 3% processing fee.

ATTACHED HERETO AND MADE A PART OF THIS APPLICATION ARE THE FOLLOWING:

1. **Affidavit, Authorization, and Release** signed and notarized.
2. **Official Transcript(s)** from degree granting institution(s). If not previously submitted.
3. **Current 2" x 2" Photograph**, attached to the location specified in the upper-left corner of page # 2.
4. **MPRE Score Report** Multistate Professional Responsibility Examination. If not previously submitted.
5. **Filing fee** - If paying by check, make check payable to Oklahoma Board of Bar Examiners in the amount of \$650. If you are paying this fee by check, you must attach it to Page 2 of this application. This application fee is non-refundable and must accompany this application. **DO NOT LEAVE LOOSE IN THE ENVELOPE.**

Until you are certified to the Oklahoma Supreme Court for admission to the practice of law, you are under an **on-going obligation** to update your responses to questions on this application, including the NCBE request for character report, whenever there is an addition or change to information previously provided to the Oklahoma Board of Bar Examiners.

Signature in Full	Date

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AFFIDAVIT, AUTHORIZATION AND RELEASE

STATE OF _____)

COUNTY OF _____)

I, _____, being duly sworn, depose and say:

I am the applicant for admission to practice referred to. I have carefully read the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservations of any kind. I hereby give my consent to the Board of Bar Examiners for the State of Oklahoma (hereinafter "the Board") to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the sole discretion of the Board, is necessary to such investigation. I further authorize the use of any such information in the course of the Board's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including but not limited to criminal history record information, medical or psychological records), or other data pertaining to me, to reveal, furnish and release to the Board, or any of its agents or representatives, any such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any bar association, grievance or other bar committee regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or law school records relating to my admission to, and conduct during my enrollment in, such schools.

I hereby release, discharge and hold harmless the Board, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records or other data.

Notwithstanding any statement herein to the contrary, the Authorization and Release shall operate to agree to the release of only those mental health records relating to the following:

(a) my being diagnosed with bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and any treatment therefore, within the five (5) years immediately preceding the filing of my Application with the Board;

and

(b) my admission to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, since attaining the age of eighteen or within the five (5) years immediately preceding the filing of my Application, whichever period is shorter.

The limitation, however, does not apply to records relating to chemical dependency.

Signature of applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, _____.

Month

Year

My commission expires on _____
Month / Day / Year

Notary Public