

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

Nunc Pro Tunc Registration

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 **Nunc Pro Tunc Registration**. After your application is received, you will be mailed two fingerprint cards to complete and return within 30 days to the Oklahoma Board of Bar Examiners. **DO NOT PRINT DOUBLE-SIDED.**

Reminder:

Keep a copy of the completed application in your permanent records. You will need to refer to it when you file an application to take the bar exam. 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** - 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 from school granting undergraduate degree** - This transcript must show your undergraduate degree. Only one copy of the transcript is needed. You do not need to submit transcripts from every undergraduate school attended, only the transcript from the degree granting institution is required. **If a transcript is not attached, it must be received within 30 days after filing the application.**
- 4. NCBE Application for Character Report** - Complete the online application by clicking the the link below and following the instructions. The link for online version of the Request for Preparation of a Character Report is: <https://www.ncbex.org/character-and-fitness> Print two copies - one for your records and one to submit to the Oklahoma Board of Bar Examiners. A copy of all documents submitted to the NCBE must be provided with your Oklahoma application along with the NCBE Payment Page and the 3 original Authorization and Release forms.
- 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 \$500. 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.**

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

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

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

Application

Nunc Pro Tunc Registration

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"/> |

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

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 | | Degree | Degree Date (mm/yyyy) |
|----------------------|----------------------|----------------------|----------------------|-----------------------|
| | From (mm/yyyy) | To (mm/yyyy) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

An official transcript is required from the school granting the undergraduate degree. The transcripts in a sealed envelope may be submitted with this application or may be mailed directly to the Board by the school. Only one copy of the 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"/> |

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

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 (mm/yyyy) <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 (mm/yyyy) <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"/> |
|---------------------------------|------------------------------------|-------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|

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"/> |
|---|---------------------------------------|------------------------------|-------------------------------|-----------------------------|

PHONE NUMBERS

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| Home # <input type="text"/> | Work # <input type="text"/> | Cell # <input type="text"/> |
|--------------------------------|--------------------------------|--------------------------------|

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

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. Applicant's Request for Character Report** - One copy of this report and all attachments, the payment page and 3 original Authorization and Releases.
- 2. Affidavit, Authorization, and Release** signed and notarized.
- 3. Official Transcript(s)** from degree granting institutions.
- 4. Current 2" x 2" Photograph**, attached to the location specified in the upper-left corner of page 2.
- 5. MPRE Score Report** - (Multistate Professional Responsibility Examination) if applicable.
- 6. Filing fee** - If paying by check, make check payable to Oklahoma Board of Bar Examiners in the amount of \$500. 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 |
| | |

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

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