Oklahoma: the rules for aesthetic practice

What Oklahoma's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Restricted Practice (independent prescribing available after 6,240 hours)

Nurse practitioners

Restricted (AANP). APRNs prescribe under a supervisory agreement with a physician; a physician may supervise up to 6 full-time-equivalent APRNs. Since November 1, 2025, an APRN in good standing with at least 6,240 hours of physician-supervised prescribing practice plus 45 contact hours of pharmacotherapeutics in the last 3 years may apply to the Board of Nursing for independent prescriptive authority ($85, attestation, subject to audit) (59 O.S. §567.4c, HB 2298). It does not change what APRNs may prescribe: Schedule II is still excluded. Prescriptions then read "Independent Rx Authority"; renewal needs 40 hours of Category I CME every 2 years.

Delegating to RNs, estheticians and staff

Board of Nursing guideline #P-25 (revised May 19, 2026): RNs and LPNs may do peels, sclerotherapy, aesthetic lasers, laser hair removal, light treatments, neuromodulators and fillers only on an individualized order from a physician, NP, PA or other prescriber plus that prescriber's history and physical; standing orders are not a substitute. An RN doesn't need a physician on site once the order and H&P exist; an LPN needs supervision by an RN, physician or dentist. The business keeps written procedures and emergency plans on site. Laser work also falls under the Oklahoma Laser Hair Removal Act (59 O.S. §538.3).

Who can own the practice

Oklahoma professional entities (PC, PLLC or limited partnership) are owned only by people licensed for the same or a related professional service. Physicians may combine with DOs, dentists, chiropractors, psychologists, optometrists, podiatrists, dietitians and OTs, but not nurses; registered nurses may form their own (18 O.S. §803, §809). Whether a business owned by a non-physician may employ or contract physicians is not settled: no statute, board ruling or court decision on it was found. Confirm the entity type with an Oklahoma healthcare attorney.

The biggest risk in Oklahoma. Independent prescriptive authority is separate from scope: it doesn't add drugs, and APRNs without it still need a supervising physician.

Check it with your boards: Oklahoma Board of Nursing - nursing.ok.gov and Oklahoma State Board of Medical Licensure and Supervision - okmedicalboard.org. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same Oklahoma reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in Oklahoma. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in Oklahoma?
3. What can an esthetician do in Oklahoma, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.