

Long-Term Care Administrator Reciprocity Attestation Form

I am applying for reciprocity under **(select one)**:

The Military Service Occupation, Education and Credentialing Act 59 O.S. § 4100 et. seq. OR

The Universal Licensing Recognition Act 59 O.S. § 4150 et. seq.

I attest that I meet all reciprocity requirements in OAC 310:679.

I attest that all the information I am providing is true and accurate.

Long-Term Care Administrator Reciprocity Applicant name: (First, Middle, Last) _____

Signature _____ Date of signature: _____

By signing this attestation form, I certify the information on this form is accurate and true.