



Oklahoma State Department of Health  
Nurse Aide Registry

PO Box 268816  
Oklahoma City, OK 73126-8816  
Ph. 405-426-8150

**Long Term Care Aide  
Deemed to Adult Day Care Aide Application**

(This application is to be used by a Long Term Care Aide to document  
16 hours of training to become certified as an Adult Day Care Aide.)  
Submit \$15.00 Nonrefundable Processing Fee

Nurse Aide Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

LTC Certification Number: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Topic	Date	Time Spent	Instructors Initials

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility or Technology Center Where Trained: \_\_\_\_\_

Nurse Aide E-mail: \_\_\_\_\_

Nurse Aide Signature: \_\_\_\_\_ Date: \_\_\_\_\_