

**FEEDING ASSISTANT REGISTRATION APPLICATION**  
**\*\*ALL SECTIONS MUST BE COMPLETED IN FULL FOR APPLICATION TO BE PROCESSED\*\***

**Section 1 - Purpose**

This application is submitted to the Oklahoma State Department of Health to register an individual as a feeding assistant in compliance with 1) O.S. § 63-1-1951 2) OAC 310:675-19 and 3) 42 CFR Parts 483 & 488.

**Section 2 – Feeding Assistant – Information**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Birth**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**First**

\_\_\_\_\_  
**MI**

\_\_\_\_\_  
**Last**

\_\_\_\_\_  
**Current Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**E-mail address**

\_\_\_\_\_  
**Telephone Number**

**Section 3 – Training Information**

Attach a Copy of the signed Certificate of Completion showing the hours completed and curriculum.

- Eating Matters: A Training Manual for Feeding Assistants, by the American Dietetic Association, 2003 Ed.
- Assisted Dining: The Role and Skills of Feeding Assistants, by the American Health Care Association, 2003 Ed.

**Section 4 – Affirmation**

I affirm the information on this form to be true and correct to the best of my knowledge.

**X** \_\_\_\_\_  
Signature of Feeding Assistant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Feeding Assistant Registration Application and \$10 registration fee may be submitted via mail:**

**NAR-OSDH**  
**P. O. Box 268816**  
**Oklahoma City, OK**  
**73126-8816**

Make check/money order payable to: **OSDH/Nurse Aide Registry**