



Home Care Administrator Registry
P.O. Box 268816
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APPLICATION FOR HOME CARE ADMINISTRATOR PREPAREDNESS PROGRAM

OAC 310: 664-5

General Information:

The Oklahoma State Department of Health (OSDH) has authority to approve programs with course designed to prepare persons to sit for the OHCAPA (the state certification exam for Home Care Administrators). An OSDH application review will determine if state requirements for a Preparedness Program are met prior to notification of approval or denial. Notice of the OSDH decision to approve or deny will be forwarded to the applicant within ninety (90) calendar days from receipt of the application.

After an application is approved, any changes in a State-approved Preparedness Program that is substantial must be described and then mailed to the OSDH for evaluation. After review, the OSDH will notify the coordinating representative of the institution of approval, disapproval, action, or changes of status regarding the Preparedness Program.

Instructions.

1. Carefully read all instructions and complete all sections of the application, as indicated.
2. Additional pages may be inserted if the space allotted is not sufficient. When inserting a page, identify the specific page of the application form and the section that it completes. Duplicate and retain a file copy of the completed original application including all pages added by the applicant.

Program Eligibility:

An institution of education or instruction facilitator may offer a preparedness Program to participants unless one or more of the following conditions apply:

1. The OSDH has not approved or has denied approval to the applicant institution. Under this condition, The applicant institution may not solicit or enroll participants, nor implement a Preparedness Program until State approval has been attained;
2. The applicant institution lacks appropriate accreditation;
3. The institution makes substantial changes in the location, primary instructors, curriculum and /or delivery of curriculum without notification of and approval from the OSDH;
4. The institution refuses admittance of an OSDH representative performing an unannounced visitation;
5. The institution has submitted inaccurate and/or fraudulent application information;
6. The institution has failed to submit a report disclosing the required information to the OSDH within two weeks after conclusion of a Preparedness Program or has submitted a report containing fraudulently inaccurate information; or
7. The institution reports that 15% or more Preparedness Program graduates failed to make a passing score on the OHCAPA.

Section I. Program Information

Date of Application: _____ / _____ / _____

Name of Applicant Institution: _____

Division/ Department (if applicable): _____

Street Address

City

State

Zip

Contact Person: _____

Last

First

Initial

(Area Code) Telephone Number Ext. of Contact Person

Please check one of the following

_____ Accredited Institution of Higher Education

_____ State Vocational and Technical Education School

_____ Private Vocational School*

_____ Other: _____

(Area Code) Work Telephone Number

(Area Code) Fax Number

Section II. Curriculum (OAC 310-664-5-4)

1. The Preparedness Program and course must equal 160 hours in duration. The course curriculum must include the following components:

- (a) Administrative Skills, duties and responsibilities;
- (b) Administrative procedures and strategic planning;
- (c) Community relations and public information;
- (d) Fiscal and information data management
- (e) Human relations; and
- (f) Ethics.

2. Submit copies of the course syllabi and topic outline of the Preparedness Program curriculum content (which includes total hours for implementation, time per session, number of sessions, and the calendar dates for each session).

(Attachment #1)

Section III. Facility Accommodations (OAC 310-664-5-7)

Describe the facility's accommodations available for participants. In the description of the facility, include the follow:

- (a) number of individuals the classroom(s) can accommodate;
- (b) location and accessibility of the site;
- (c) accommodations for handicapped;
- (d) the adequacy of lighting;
- (e) accessibility, safety, and sanitation of the personal conveniences;
- (f) controlled system for heating and cooling air;
- (g) instructional equipment and materials
- (h) other factors conducive to a learning environment; and
- (i) name, address, and building where the Preparedness Program will be delivered.

(Attachment #2)

Section IV. Records and Reports (OAC 310-664-5-6)

Provide one sample copy of the following documents, including;

- (a) The purpose and the objectives of the Preparedness Program.
- (b) A copy of certificate to be issued at completion of Preparedness Program.
- (c) The Policies for the admission to and the satisfactory completion of the Preparedness Program.
- (d) The Participant rights and responsibilities policy.
- (e) A description of all fees and tuition levied for the purposes of participant enrollment and instruction.

(Attachment #3)

Section V. Instructor Qualifications (OAC 310-664-5-5)

The course shall be instructed by interdisciplinary team composed of individuals with credentials commensurate with the standards of accredited state educational institutions and /or professional with qualifications that meet department approval. Please include information to verify the suitability of each instructor to deliver a specified course component of the Preparedness Program.

Instructor Qualification Record

Name of the Educational Institution or Instructional Facility:

Location:

Name of Instructor:

Credential(s):

Course Component(s) To Instruct:

Experience (Indicate what type and how many years acquired.):

(This section may be duplicated to supply information on each individual instructing a course component or supplementary activity.)

_____/_____/_____
Date

I declare that the information contained in this application is accurate and truthful. I understand the State standards and requirements for curriculum and instruction of a Preparedness Program and I, as Coordinating Representative of the Institution, assure the OSDH that my institution shall adhere to them and report information as prescribed. Furthermore, I shall report substantial changes.

Signature of the Coordination Representative

_____/_____/_____
Date

Include a check or money order for the fee amount of \$125.00, made payable to the Oklahoma State Department of Health. Submit the completed application and fee to:

**Oklahoma State Department of Health
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Oklahoma City, OK 73126-8816**