OKLAHOMA STATE DEPARTMENT OF HEALTH

NURSE AIDE REGISTRY

PO Box 268816
Oklahoma City, OK 73126-8816
Ph. 405-426-8150
E-mail Questions to: NAR@health.ok.gov

NATCEP Status Report

(Nurse Aide Training and Competency Evaluation Program)
For a nursing facility, specialized facility, continuum of care facility, assisted living center,
adult day care center, or residential care home.

Name of Facility, Center or Home:

Address   City   State   Zip Code (A)

Name of Uncertified Nurse Aide:

Date of Birth:

(B) Date the person entered training and evaluation:

(C) Date the facility began using the person as a nurse aide trainee:

(D) Date the Person completed training and competency evaluation:

If training and evaluation have not been completed, the person's status at the time of the

application and the projected date when evaluation will be completed.

Projected Date of Evaluation: Status:

By my signature below, I attest that this information is true to the best of my knowledge
and belief.

Typed or Printed Name of Administrator completing this form:

_____

Signature   Date Signed

Note: Please mail the completed waiver request to the address shown at the top of the
application.