OKLAHOMA State Department of Health

Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126
Tel. (405) 426-8150

Nurse Aide Training and Competency Evaluation Program Waiver Application

OAC 310:677-1-3(d)

The Department shall grant a graduate of an approved practical or registered nurse program located in the United States a waiver to be placed on the nurse aide registry if the following criteria are met:

1) The individual submits all information specified on the Department's Nurse Aide Training and Competency Evaluation Program Waiver Application; and

2) The individual does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or similar agency in another state, territory or district of the United States or in another country, to be evidenced by the individual's attestation.

Please check the type of certification you are requesting. (To be placed on the registry as a CMA, you must be currently certified as a LTCA, HHA, or ICF/IIDCA.)

- ☐ LTC = Long Term Care Aide **(No Fee Required)**
- ☐ ADC = Adult Day Care Aide **$15 fee**
- ☐ HHA = Home Health Aide **$15 fee**
- ☐ RCA = Residential Care Aide **$15 fee**
- ☐ ICF/IIDCA = Intermediate Care Facility for individuals with Intellectual Disabilities Care Aide **$15 fee**
- ☐ CMA = Certified Medication Aide **$15 fee**

Please include the following:

- ☐ Photocopy of diploma from an approved practical or registered nurse program
- ☐ A **Non-Refundable** $15.00 processing fee for each HHA, DDDCA, ADCA, RCA, and CMA requested
- ☐ Identification of all states, territories and districts of the United States and other countries where the individual has practiced or been licensed, certified or registered as a nurse

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Name (Please Print): _____ Date of Birth: _____

Address: _____

City State Zip

Signature: _____ Date: _____

E-mail Address: _____

Attestation

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

X _____ ____/____/____

Signature of Applicant **Date**

LTC Only - NO Fee required: Email: nar@health.ok.gov or Mail: NAR-OSDH, PO Box 268816, Oklahoma City, OK 73126-8816

Certification(s) Requiring Fee(s): Make check/money order payable to: **OSDH/Nurse Aide Registry**

Mail to: NAR-OSDH, P. O. Box 268816, Oklahoma City, OK 73126-8816

***NOTE: All Fees submitted are NON-Refundable**

Total Enclosed $_____