

Health Certification Project

AUTHORIZATION TO RELEASE TEST RESULTS

Passing results on the advanced unlicensed assistant certification examinations are forwarded to the Oklahoma Board of Nursing for inclusion on the Advanced Unlicensed Assistant Registry.

I, _____, authorize the Health Certification Project to
(Candidate's Name)
release my advanced unlicensed assistant test results to _____
(Name of Individual)
from _____.
(Organization/Facility)

Candidate's Name: _____

Candidate's Address: _____

Candidate's City/State/Zip: _____

(Candidate's Signature)

(Date)

Name of Witness: _____

Witness Signature: _____

Notary Seal/Stamp
(Required for mail requests)

NOTE: A Health Certification Project test site coordinator must witness Candidate's Signature on this Authorization to Release Test Results.

Mail requests must have the Candidate's Signature notarized by an Oklahoma Notary Public.
Mail requests may be sent to:

Health Certification Project
c/o Oklahoma Dept. of CareerTech
1500 W. Seventh Avenue
Stillwater, OK 74074