Certified Nurse Aide Retest Application OAC 310:677-1-3(g)

Section 1 – Select the type(s) of Nurse Aide Certification(s) you are applying to retest for:
*If you do not have at least 8 hours of work proof during the 24 month time frame of your certification(or at least 8 hours of work proof up to 24 months after your expiration date) and/or your certification has been expired more than two (2) years, but no more than three (3) years then you must retest. If you have been expired for three (3) years or longer you must retrain.*

☐ LTC – No Fee Required
☐ HHA – $15 Fee**
☐ DDCA – $15 Fee**
☐ RCA – $15 Fee**
☐ ADC – $15 Fee**

**If requesting to retest for HHA, DDCA, RCA and/or ADCA a $15 processing fee per certification is required. (OAC 310:677, 1-3(g))**

Section 2 - Personal Information

First MI Last

**If you have had a name change since your last renewal, please include a certified copy of the marriage license or other court document which reflects the change of name when you submit this application.**

Current Mailing Address

E-mail address

Telephone Number

Date of Birth

Social Security Number

*If this application is approved, you will receive an approval letter to take the written and skills exams at the testing facility of your choice. The original letter MUST be presented to the testing site before you will be authorized to take the examinations. Duplicate retest approval letter will not be reissued.*

**Upon completion of your test the testing entity has 30 days to submit testing results to the Nurse Aide Registry, at which time you will be added to the database. You may verify your certification status online at nar.health.ok.gov**

If you have any questions, please call our office at (405) 426-8150 or by email at nar@health.ok.gov.

Section 3 – Affirmation

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

Signature of Nurse Aide

Date

Name of most recent Facility/Agency where employed – Phone

LTC Retest Only – NO FEE required: Email: nar@health.ok.gov
Fax: (405) 900-7572
Mail: 123 Robert S Kerr Ave, Suite 1702, Oklahoma City, OK 73102

Retest(s) requiring fee(s): Make check/money order payable to: OSDH/Nurse Aide Registry
Mail to: NAR-OSDH, PO Box 268816, Oklahoma City, OK 73102

NOTE: *All fees submitted are NON Refundable

Total Enclosed $________