

NURSE AIDE TRAINING EXEMPTION APPLICATION

The Oklahoma State Department of Health continues to review the need for adequate staff in long term care facilities. In accordance with CMS guidelines and to benefit those brave men and women who have served this vulnerable population during the COVID-19 pandemic, OSDH is allowing for those nurse aides who worked during the pandemic to count those hours towards their training and certification requirements.

Please check the type of certification you are requesting. If approved, you are eligible to test for placement on the Nurse Aide Registry.

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**

DDDCA = Developmentally Disabled Direct Care Aide **\$15 fee**

Please include the following for each application :

LTC ONLY – Affirmation of Training for Long Term Care Aides & No Fee Required

HHA - Affirmation of Training for Home Health Aides & a Non-Refundable \$15.00 processing fee OAC 310:677-1-3(f)(3)

DDCA - Affirmation of Training for ICF/IID Aides & a Non-Refundable \$15.00 processing fee OAC 310:677-1-3(f)(3)

RCA - Affirmation of Training for Residential Care Aides & a Non-Refundable \$15.00 processing fee OAC 310:677-1-3(f)(3)

ADCA - Affirmation of Training for Adult Day Care Aides & a Non-Refundable \$15.00 processing fee OAC 310:677-1-3(f)(3)

Name (Please Print): _____ SSN: ___/___/___ Date of Birth: _____

Address: _____
City State Zip

E-mail Address: _____

Training Data:

Facility Name: _____ Training Start Date: _____ Training Completion Date: _____

Facility Address: _____
City State Zip

Facility Email: _____ Facility Number: _____

Affirmation

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

X _____ / /
Signature of Nurse Aide Date

LTC Only- NO Fee required: Email: nar@health.ok.gov, Fax: 405-900-7572 or Mail: 123 Robert S Kerr Ave, Oklahoma City, OK 73102

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 \$ _____