



Nurse Aide Training and Competency Evaluation Program
Waiver Application
OAC 310:677-1-3(d)

This form is to be used for the purpose of applying to waive training and testing for placement onto the Oklahoma Nurse Aide Registry as a Certified Nurse Aide. In accordance with OAC Title 310, Chapter 677, 1-3 (d), applicants must have graduated from and received a diploma in nursing or practical nursing and provide identification of where the applicant has practiced or been licensed, certified, or registered.

Please check the type of certification you are requesting. If approved, you are eligible to test for placement on the Nurse Aide Registry. (To test for CMA, you must be currently certified as a LTCA, HHA, or DDDCA, and meet the eligibility requirements. Please sign the appropriate Affirmation, which is attached.)

- 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
CMA = Certified Medication Aide \$15 fee

Please include the following:

- Photocopy of diploma from an approved practical or registered nurse program OAC 310:677-1-3(d)(1)(C)
A Non-Refundable \$15.00 processing fee for each HHA, DDDCA, ADCA, RCA, and CMA requested OAC 310:677-1-3(f)(3)
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 OAC 310:677-1-3(d)(1)(E)

Name (Please Print): _____ Date of Birth: _____
Address: _____ City State Zip
Signature: _____ Date: _____
E-mail Address: _____

Affirmation

To be eligible to test for a training exception for placement on the Oklahoma Nurse Aide Registry as a Medication Aide, you must have a current nurse aide certification in Long Term Care Nurse, Home Health, and/or Developmentally Disabled Direct Care, and the applicant must complete training that is equal to or greater than forty (40) hours as required at CFR §483.152 and Chapter 677 at 310:677-1-3 (c), 310:677-13-4.

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

X _____ / / _____
Signature of Nurse Aide Date

*Please attach this completed form with the requested documents and the \$15.00 Non-refundable processing fee (No fee for LTC), and mail to the Oklahoma State Health Department at the above address.

AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

I am a United States citizen.

OR

I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE FRONT AND BACK OF YOUR AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____ Signature _____

City & State _____ Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after "*Authorizing Document*". For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.