



OKLAHOMA STATE DEPARTMENT OF HEALTH
NURSE AIDE REGISTRY AND FEEDING
ASSISTANT REGISTRY

Feeding Assistant Registration Application

PURPOSE

This application is submitted to the Oklahoma State Department of Health to register a person as a feeding assistant in compliance with the requirements of:

- Oklahoma law at Title 63 of the Oklahoma Statutes, Section 1-1951(F)
 - The Oklahoma Administrative Code for Nursing and Specialized Facilities at OAC 310:675-19, and
 - Federal Regulations at 42 CFR Parts 483 and 488.
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APPLICANT FOR REGISTRATION
(Please Type or Print Legibly)

Name: _____
 Last name First name Middle name Suffix (Jr., II, III)

Social Security #: _____ Birth Date (Month/Day/Year) : _____

Mailing Address: _____
 Street Address or Post Office Box

City, State, & Zip: _____

Phone: Area Code () _____

TRAINING INFORMATION

Attach a copy of the completed and signed Certificate of Completion.

VERIFICATION STATEMENT

By my signature below, I affirm that this application and the attached certificate are true and complete to the best of my knowledge and belief.

Applicant's Signature

Date Signed

**Submit this form with a copy of the Certificate of Completion to the
OKLAHOMA STATE DEPARTMENT OF HEALTH WHEN COMPLETED
Nurse Aide Registry • PO Box 268816 • Oklahoma City, OK 73126**