

Nurse Aide Renewal Application ALL SECTIONS MUST BE COMPLETED *IN FULL* FOR APPLICATION TO BE PROCESSED

	k the type(s) of Nurs	se Aide Certifica	ition(s) you wan	nt to renew.
□ LTC – No Fee	☐ HHA - \$10 Fee*		\ - \$10 Fee*	□ RCA - \$10 Fee*
□ ADCA - \$10 Fee*	□ Feeding Assistar	nt (FA) - \$10 Fee*		
Section 2 - Certif	fied Medication Aide –	Renewal		
□ CMA - \$10				
☐ Attach document the first year of c		ation equivalent to o	eight (8) hours for e	every twelve months of certification, excluding
**Continuing Educa	tion Units (CEUs) must be	e completed during	the certification pe	eriod or within one year after that.
				newal. If you are requesting a new advanced ced Training Application received from the course
Section 3 - Persor	nal Information			
		Dat	<u>//</u> e of Birth	/ Social Security Number
		Dai	e or birtir	Social Security Number
First		MI		Last
				of the marriage license or other court document
which reflects the cha	ange of name when you s	ubmit this application	n.	
0		O''	01.1	
Current Mailing Add	ress	City	State	e Zip
E-mail address			_	Telephone Number
		Must submit proof of	8 hours paid work ir	Telephone Number n nursing or nursing related services during the 24-
Section 4 – Emplo month certification tir		·	·	·
Section 4 – Emplo month certification tir	ne frame.	·	·	n nursing or nursing related services during the 24- Start Date End Date
Section 4 – Emplo month certification tir	ne frame.	·	·	n nursing or nursing related services during the 24-
Section 4 – Emplo month certification tir	ne frame. histrative Signature OR	·	·	n nursing or nursing related services during the 24- Start Date End Date
Section 4 – Emplo month certification tir	ne frame. istrative Signature OR City, Sta	□ Paystub OR I	□ Form W-2 Phone Number	Start Date End Date
Section 4 – Emplo month certification tir	ne frame. istrative Signature OR City, Sta	□ Paystub OR I	□ Form W-2 Phone Number	Start Date End Date J
Section 4 – Emplo month certification tir Admir Facility Name Address Section 5 – Affirma	ne frame. istrative Signature OR City, Sta	□Paystub OR I	□ Form W-2 Phone Number to be true and corre	Start Date End Date
Section 4 – Emplo month certification tir Admir Facility Name Address Section 5 – Affirma X Signature of Nurse Ai	ne frame. istrative Signature OR City, Station - I affirm the inform	□Paystub OR I	□Form W-2 Phone Number to be true and corre Name of mos	Start Date End Date
Section 4 – Employmenth certification tire Admir Facility Name Address Section 5 – Affirmation X Signature of Nurse Ai	ne frame. istrative Signature OR City, Station - I affirm the inform	□Paystub OR I	Phone Number To be true and correspond to b	Start Date End Date
Section 4 – Employmenth certification tire Admire Facility Name Address Section 5 – Affirmation X Signature of Nurse Ait LTC Renewal only - Note Renewal(s) Requiring	city, Station - I affirm the inform	□Paystub OR I	Phone Number To be true and correspond to b	Start Date End Date Aide is still employed: □Yes □ No X



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

I, the undersigned applicant, being of lawful age, state that on which of the following statements apply.)	e of the following statements is true and correct: (Check
☐ I am a United States citizen.	
OR	
I am an approved alien under the federal Immigration and N States. I understand that this approval may or may not license, permit, or certificate issued by the Oklahoma employment in the United States.	t include approval for employment. The issuance of a
Write the identification number and the name of the authoriz	zing document below.
ATTACH A COPY OF THE FRONT AND BAC	K OF YOUR AUTHORIZING DOCUMENT
Admission/Registration #:	
Authorizing Document:	
I state under penalty of perjury under the laws of Oklahom read and understand this form and	
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.



Procedure for Initial License/Certification Applications

The Oklahoma State Department of Health (OSDH) participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence), and thereby ensuring only U.S Citizens and eligible non-citizens receive government benefits, such as licenses. OSDH may only issue licenses, certifications or permits to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:

Alien Lawfully Admitted for Permanent Residence:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card"); or
- **Unexpired Temporary I-551**(Stamp in foreign passport or on INS Form I-94).

Immigrant or Non-Immigrant Visa Status:

- INS Form I-94
- INS Form I-688B

Asylee:

- INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)";
- INS Form I-766 (Employment Authorization Document) annotated "AS":
- Grant letter from the Asylum Office of INS; or
- Order of an immigration judge granting asylum.

Refugee:

- INS Form I-94 annotated with stamp showing admission under §207 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)";
- INS Form I-766 (Employment Authorization Document) annotated "A3"; or
- INS Form I-571 (Refugee Travel Document).

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

INS petition and appropriate supporting documentation

Alien Paroled Into the U.S. for a least One Year:

• INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (10)";
- INS Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

- INS Form I-94 with stamp showing admission under §203 (a)
 (7) of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
- **INS Form I-766** (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA.

Qualified Aliens: State law requires the Oklahoma State Department of Health to verify the immigration status (lawful presence) of all non-U.S. citizens upon initial license/certification and renewal.

QUALIFIED ALIENS MUST ATTACH A COPY(FRONT & BACK) OF THE DOCUMENTS that supports their status as shown above with their Affidavit of Lawful Presence. A license, permit, or certification will not be issued until the appropriate documentation is submitted.

Renewal applicants with new immigration documents are required to mail the new immigration documentation listed above to establish eligibility for renewal.

<u>U.S. Citizens</u>: After receipt of this Affidavit of Lawful Presence, U.S. Citizens are not required to attach an Affidavit of Lawful Presence every year.