



OKLAHOMA STATE DEPARTMENT OF HEALTH
NURSE AIDE REGISTRY
1000 NE 10th Street
Oklahoma City, OK 73117-1207
Telephone (405) 271-4085 or Toll Free 800-695-2157
E-mail Questions to: NAR@health.ok.gov

NATCEP Status Report

(Nurse Aide Training and Competency Evaluation Program)

For a nursing facility, specialized facility, continuum of care facility, assisted living center,
adult day care center, or residential care home.

Name of Facility, Center or Home:

Address City State Zip Code (A)

Name of Uncertified Nurse Aide:

Date of Birth:

(B) Date the person entered training and evaluation:

(C) Date the facility began using the person as a nurse aide trainee:

(D) Date the Person completed training and competency evaluation:

If training and evaluation have not been completed, the person's status at the time of the application and the projected date when evaluation will be completed.

Projected Date of Evaluation: Status:

By my signature below, I attest that this information is true to the best of my knowledge and belief.

Typed or Printed Name of Administrator completing this form:

Signature

Date Signed

Note: Please mail the completed waiver request to the address shown at the top of the application.