

Certified Medication Aide Retest Application, OAC 310:677-1-3(g)

Section 1 - Certified Medication Aide Retest

*If your CMA certification has been expired for more than one (1) year you must retest. If you have been expired for three (3) years or longer you must retrain.

CMA - \$15 Original Expiration Date: _____

Reason for Retesting:

Expired over one year, but no more than three years. Did not take Continuing Education Update class before expiration or within one year of expiration (OAC 310:677,13-8(b)(4))

You are a nurse aide currently certified in (please select ALL appropriate certification(s)):

LTC – Expiration Date: _____ HHA - Expiration Date: _____ DDCA - Expiration Date: _____

Section 2 - Personal Information

_____/_____/_____
Date of Birth

_____/_____/_____
Social Security Number

First

MI

Last

****If you have had a name change, please include a certified copy of the marriage license or other court document which reflects the change of name when you submit this application.****

Current Mailing Address

City

State

Zip

E-mail address

Telephone Number

***If this application is approved, you will receive an approval letter to take the written and skills exams at the testing facility of your choice. The original letter MUST be presented to the testing site before you will be authorized to take the examinations. Duplicate retest approval letter will not be reissued.**

****Upon completion of your test the testing entity has 30 days to submit testing results to the Nurse Aide Registry, at which time you will be added to the database. You may verify your certification status online at nar.health.ok.gov****

If you have any questions, please call our office at (405) 271-4085 or by email at nar@health.ok.gov.

Section 3 – Attestation for CMA Retest

Please verify that the information provided is correct. The Oklahoma State Department of Health may deny, suspend, withdraw &/OR not renew the certification of a medication aide who intentionally provides false or misleading information to a training program, a facility or the Oklahoma State Department of Health.

- Yes No I am a minimum of 18 years of age.
- Yes No I have a minimum education of high school or general equivalency diploma.
- Yes No I have a current Oklahoma LTC, HHA &/OR DDCA nurse aide certification with no substantiated abuse notations.
- Yes No I have the physical and mental capability to safely perform the duties of a nurse aide.

Section 4 – Affirmation

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

Typed/Printed Name of Applicant

X

Signature of Nurse Aide

_____/_____/_____
Date

Make check or 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 \$ _____



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

Title 56 O.S. Section 71 and 2008 OK AG 16

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.