



Nurse Aide Registry
Oklahoma State
Department of Health



Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126
Tel. (405) 271-4085

TRAINING EXCEPTION APPLICATION

OAC 310:677-1-3(c)

The Department shall grant an exception to the nurse aide training requirements in 310:677-9-4 for home health aides, 310:677-11-4 for long term care aides, 310:677-13-4 for certified medication aides, 310:677-15-3 for developmentally disabled direct care aides, 310:677-17-3 for residential care aides and 310:677-19-3 for adult day care aides, and allow an individual to sit for the competency examination if the individual submits all information specified on the Training Exception Application.

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.)

- | | |
|--|--|
| <input type="checkbox"/> LTC = Long Term Care Aide (No Fee Required) | <input type="checkbox"/> ADC = Adult Day Care Aide \$15 fee |
| <input type="checkbox"/> HHA = Home Health Aide \$15 fee | <input type="checkbox"/> RCA = Residential Care Aide \$15 fee |
| <input type="checkbox"/> DDDCA = Developmentally Disabled Direct Care Aide \$15 fee | <input type="checkbox"/> CMA = Certified Medication Aide \$15 fee |

Please include the following:

- A copy of official transcript documenting classroom and clinical training equal to or greater than the classroom and clinical training as prescribed in **OAC 310:677-1-3(c)(3)**
- A **Non-Refundable** \$15.00 processing fee for HHA, DDDCA, ADCA, RCA, and CMA **OAC 310:677-1-3(f)(3)**
- Affirmation and Oath of Truthfulness Attachment (CNA Affirmation **OR** CMA Affirmation)

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.**