



HOME CARE ADMINISTRATOR PROVISIONAL CERTIFICATE APPLICATION

General Information

With a Provisional Certificate, an individual may function as a home care administrator for no longer than six (6) months. An applicant is eligible to receive a certificate upon proof of the following:

- (1) One criterion for deeming is met;
- (2) Applicant is prepared to register for the OHCAPA;
- (3) Applicant is authorized by administrator or governing body to function as administrator; and
- (4) OSBI report shows suitability to function as an administrator.

Complete each section.

I. Qualification

Indicate **one** of the criteria listed which best describes your qualification for deeming.

1. Baccalaureate or higher degree from an accredited institution and at least one (1) year full time experience in a management/supervisory level position in home care within the immediate past two (2) years;
2. Associate or higher degree in a health field from an accredited institution and at least one (1) year of full time employment in home care within the immediate past two (2) years;
3. Certificate of Achievement in Health Care Administration by completion of a minimum of thirty (30) college credit hours from an accredited institution in the state and at least one (1) year of full time employment in home care within the immediate past two (2) years;
4. Registered nurse in the State and at least one (1) year of full time experience in home care within the immediate past two (2) years; **or**
5. Evidence of achieving a passing score on the National Association for Home Care Executive Certification Program examination.

II. Documentation

- a. Attach the document to verify you meet the criterion selected in Section I. Identify as Attachment 1.
- b. Attach the documentation from your employer(s) who can verify your employment experience in the field specified in the qualifying criteria. Identify as Attachment 2.

III. OHCAPA Registration

I am prepared to register for the OHCAPA. Yes _____ No _____

IV. Authorization

Attach a copy of your written, signed, and dated authorization from the administrator or member of the governing board enabling you to function as an administrator for the agency. Identify as Attachment 3.

Agency of Employment _____

Agency Address _____

V. Criminal Arrest Check

Attach a copy of the criminal arrest check conducted by the OSBI within sixty (60) days of submitting the application. Identify as Attachment 4.

VI. Legal Resident Affidavit

Attach an *Affidavit Of Lawful Presence By Person Making Application For A License, Permit Or Certificate*, [ODH Form 301](#).

VII. Fee Payment

Include a check or money order in the amount of \$80.00 made payable to the Oklahoma State Department of Health.

Submit fee, application, and attachments to:

Oklahoma State Department of Health
Protective Health Services
Home Care Administrator Registry
P. O. Box 268816
Oklahoma City, OK 73126-8816

VIII. Contact Information and Signature

Signature of Applicant

Date

Name (legal name to appear on the certificate)

Last First Middle Initial

Home Address

Number & Street City State Zip

Date of Birth _____

Gender: Male _____ Female _____

Telephone: Home (_____) _____

Fax (_____) _____

Work (_____) _____