

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
NURSE AIDE REGISTRY AND FEEDING ASSISTANT REGISTRY**

**Feeding Assistant Registration Application**

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**PURPOSE**

This application is submitted to the Oklahoma State Department of Health to register a person as a feeding assistant in compliance with the requirements of:

- Oklahoma law at Title 63 of the Oklahoma Statutes, Section 1-1951(F)
  - The Oklahoma Administrative Code for Nursing and Specialized Facilities at OAC 310:675-19, and
  - Federal Regulations at 42 CFR Parts 483 and 488.
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**APPLICANT FOR REGISTRATION  
(Please Type or Print Legibly)**

Name: \_\_\_\_\_  
                    Last name                    First name                    Middle name                    Suffix (Jr., II, III)

Social Security #: \_\_\_\_\_ Birth Date (Month/Day/Year) : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                    Street Address or Post Office Box

City, State, & Zip: \_\_\_\_\_

Phone: Area Code ( ) \_\_\_\_\_

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**TRAINING INFORMATION**

Attach a copy of the completed and signed Certificate of Completion.

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**VERIFICATION STATEMENT**

By my signature below, I affirm that this application and the attached certificate are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**Submit this form with a copy of the Certificate of Completion to the  
OKLAHOMA STATE DEPARTMENT OF HEALTH WHEN COMPLETED  
Nurse Aide Registry • 1000 N.E. 10<sup>th</sup> Street • Oklahoma City, OK 73117**