



Health Resources
Development Service
Oklahoma State
Department of Health

Nurse Aide Registry
P.O. Box 268816
Oklahoma City, OK 73126-8816
Telephone: (405) 271-4085
Toll Free 800-695-2157

Duplicate or Amended Nurse Aide Card Application

Please indicate reason for requesting a duplicate card:

- Name Change – If you are requesting a duplicate or amended wallet card because you have changed your name, please send a **COPY** of a legal document with your new name. Examples of documentation would be: a social security card, driver's license, marriage license or divorce decree.
- Lost Card
- Stolen Card

Required Information:

Print your name: _____ Social Security #: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____

Check each card to be replaced:

- | | | |
|-------------------------------|--------------------------|---------------|
| Long Term Care Aide | <input type="checkbox"/> | No Fee |
| Home Health Care Aide | <input type="checkbox"/> | \$10.00 |
| Developmentally Disabled Aide | <input type="checkbox"/> | \$10.00 |
| Certified Medication Aide | <input type="checkbox"/> | \$10.00 |
| Residential Care Aide | <input type="checkbox"/> | \$10.00 |
| Adult Day Care Aide | <input type="checkbox"/> | \$10.00 |

Total Amount Enclosed: _____

Return form, required documentation and the **non-refundable** fee(s) to the Nurse Aide Registry at the above address.