



Nurse Aide Registry
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
E-Mail: nar@health.ok.gov

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

Date _____ Social Security # _____
Name _____ Telephone Number _____
Last First MI
Address _____
P. O. Box or Street Address City State Zip

Reason for Retesting (please check the appropriate reason):

- () Expired over one year () Expired over two years but not more than three years Expiration Date _____
Test No Later Than _____
() Did not take Continuing Education Update class before expiration or within one year of expiration (OAC 310, Chapter 677, 13-8(b)(4))

You are currently a Certified Nurse Aide in which category {please check appropriate certification(s)}:

- () Long Term Care (LTC) Expiration Date _____
() Home Health (HHA) Expiration Date _____
() Developmentally Disabled Direct Care (DDDCA) Expiration Date _____

Fee: \$15 check or money order made out to: **OSDH/Nurse Aide Registry**
PLEASE DO NOT SEND CASH.

Mail to: OSDH/Nurse Aide Registry
P.O. Box 268816
Oklahoma City, OK 73126-8816

If this application is approved, you will receive an approval letter to take the written and skills exams. The original letter MUST be presented to the testing site before you will be authorized to take the examinations. The testing site will take the letter as their authority to allow you to test.

After the Nurse Aide Registry has been notified you have successfully completed the competency examination you will be added to the Oklahoma Nurse Aide Registry and your certification card(s) will be mailed to you. You may verify your certification status at any time on our web site at: nar.health.ok.gov

If you have any questions, please call our office at 800-695-2157 or (405) 271-4085.

Signature _____ Date _____

E-Mail Address _____

Attestation for CMA Retest

Please be certain the information you provide is correct. The Oklahoma State Department of Health may deny, suspend, withdraw, or not renew the certificate of a medication aide who intentionally provides false or misleading information to a training program, a facility, or the Oklahoma State Department of Health.

Please indicate your answer by checking the correct box for each statement:

- 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. Yes No

By my signature below, I certify that the foregoing is true, correct, and complete to the best of my knowledge and belief.

Typed or Printed Name of Applicant

Signature of Applicant

Social Security Number of Applicant

Date of Signature