



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 Nurse Aide Retest Application, OAC 310, Chapter 677, 1-3 (g)

***You must retest within three (3) years of your expiration date if you do not have the required work proof to renew your certification or your certification has expired more than two (2) years.

Social Security # _____ E-mail _____

Name _____ Telephone Number _____
Last First MI

Address _____
P. O. Box or Street Address City State Zip

Certification Type: LTC – no fee \$15 Fee for: HHA &/or DDCA

Original Expiration Date _____

No Fee Required: *If requesting to retest for Long Term Care only.*

Required to pay \$15: If requesting to retest for HHA, DDCA, &/or RCA ***Please make the check or money order payable to OSDH/NAR. **(No refunds will be issued.)** PLEASE DO NOT SEND CASH.

Paying \$15, mail application or bring in to:

Oklahoma State Department of Health
Nurse Aide Registry
P.O. Box 268816
Oklahoma City, OK 73126-8816

No Fee (LTC- mail application, e-mail, or fax):

Oklahoma State Department of Health
Nurse Aide Registry
1000 NE 10th St.
Oklahoma City, OK 73117-1207
Email: nar@health.ok.gov
Fax: (405) 271-1130

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(s) 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 are requesting a letter and you have changed your name, please send a certified copy of the legal court document authorizing the change. Examples of documentation would be: marriage license or divorce decree.

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

Signature _____ Date _____

Please make a copy of your completed Retest Application for your files before mailing it to the Nurse Aide Registry.