



Protective  
Health Services  
Oklahoma State  
Department of Health



[Home Care Administrator Registry](#)

P.O. Box 268816  
Oklahoma City, OK 73126-8816  
Telephone: (405) 271-4085  
Fax: (405) 271-1130  
Email: [HCAR@health.ok.gov](mailto:HCAR@health.ok.gov)

**HOME CARE ADMINISTRATOR REGISTRY  
DUPLICATE CERTIFICATE / DOCUMENT REQUEST FORM  
OAC 310:664-11-3**

The Home Care Administrator Registry has received your request as indicated below.

- Name Change \$ 15.00  
*(Attach copy of **Marriage License** or **Divorce Decree**)*
- Duplicate Home Care Administrator Certificate \$ 15.00
- Chapter 664, Home Care Administrator Certification and Home Care Act Manual \$ 2.00
- Other \_\_\_\_\_ \$ \_\_\_\_\_

**PLEASE PRINT**

Name (legal name to appear on the certificate):

\_\_\_\_\_

Last	First	Middle Initial
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Home Address:

\_\_\_\_\_

Number & Street	City	State	Zip
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Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Agency Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Return this completed form and payment to the address below. All check or money orders must be made payable to the Oklahoma State Department of Health or OSDH.**

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