



APPLICATION FOR HOME CARE ADMINISTRATOR PREPAREDNESS PROGRAM

OAC 310: 664-5

General Information:

The Oklahoma State Department of Health (OSDH) has authority to approve programs with course designed to prepare persons to sit for the OHCAPA (the state certification exam for Home Care Administrators). An OSDH application review will determine if state requirements for a Preparedness Program are met prior to notification of approval or denial. Notice of the OSDH decision to approve or deny will be forwarded to the applicant within ninety (90) calendar days from receipt of the application.

After an application is approved, any changes in a State-approved Preparedness Program that is substantial must be described and then mailed to the OSDH for evaluation. After review, the OSDH will notify the coordinating representative of the institution of approval, disapproval, action, or changes of status regarding the Preparedness Program.

Instructions.

1. Carefully read all instructions and complete all sections of the application, as indicated.
2. Additional pages may be inserted if the space allotted is not sufficient. When inserting a page, identify the specific page of the application form and the section that it completes. Duplicate and retain a file copy of the completed original application including all pages added by the applicant.

Program Eligibility:

An institution of education or instruction facilitator may offer a preparedness Program to participants unless one or more of the following conditions apply:

1. The OSDH has not approved or has denied approval to the applicant institution. Under this condition, The applicant institution may not solicit or enroll participants, nor implement a Preparedness Program until State approval has been attained;
2. The applicant institution lacks appropriate accreditation;
3. The institution makes substantial changes in the location, primary instructors, curriculum and /or delivery of curriculum without notification of and approval from the OSDH;
4. The institution refuses admittance of an OSDH representative performing an unannounced visitation;
5. The institution has submitted inaccurate and/or fraudulent application information;
6. The institution has failed to submit a report disclosing the required information to the OSDH within two weeks after conclusion of a Preparedness Program or has submitted a report containing fraudulently inaccurate information; or
7. The institution reports that 15% or more Preparedness Program graduates failed to make a passing score on the OHCAPA.

Section I. Program Information

Date of Application: ____/____/____

Name of Applicant Institution: _____

Division/ Department (if applicable): _____

Street Address City State Zip

Contact Person: Last First Initial

(Area Code) Telephone Number Ext. of Contact Person

Please check one of the following

- Accredited Institution of Higher Education
State Vocational and Technical Education School
Private Vocational School*
Other:

(Area Code) Work Telephone Number

(Area Code) Fax Number

Section II. Curriculum (OAC 310-664-5-4)

- The Preparedness Program and course must equal 160 hours in duration. The course curriculum must include the following components:
(a) Administrative Skills, duties and responsibilities;
(b) Administrative procedures and strategic planning;
(c) Community relations and public information;
(d) Fiscal and information data management
(e) Human relations; and
(f) Ethics.
2. Submit copies of the course's syllabi and topic outline of the Preparedness Program curriculum content (which includes total hours for implementation, time per session, number of sessions, and the calendar dates for each session).

(Attachment #1)

Section III. Facility Accommodations (OAC 310-664-5-7)

Describe the facility's accommodations available for participants of a Preparedness Program. In the description of the facility, include the following:

- number of individuals the classroom(s) can accommodate;
location and accessibility of the site;
accommodations for handicapped;
the adequacy of lighting;
accessibility, safety, and sanitation of the personal conveniences;
controlled system for heating and cooling air;
instructional equipment and materials
other factors conducive to a learning environment; and
name, address, and building where the Preparedness Program will be delivered.

(Attachment #2)

Section IV. Records and Reports (OAC 310-664-5-6)

Provide one sample copy of the following documents, including:

- The purpose and the objectives of the Preparedness Program.
A copy of certificate to be issued at completion of Preparedness Program.
The Policies for the admission to and the satisfactory completion of the Preparedness Program.
The Participant rights and responsibilities policy.
A description of all fees and tuition levied for the purposes of participant enrollment and instruction.

(Attachment #3)

Section V. Instructor Qualifications (OAC 310-664-5-5)

The course shall be instructed by interdisciplinary team composed of individuals with credentials commensurate with the standards of accredited state educational institutions and /or professional with qualifications that meet department approval. Please include information to verify the suitability of each instructor to deliver a specified course component of the Preparedness Program.

Instructor Qualification Record

Name of the Educational Institution or Instructional Facility:

Location:

Address (Number & Street)

City

State

Zip

Name of Instructor:

Credential(s):

Course Component(s) To Instruct:

Experience (Indicate what type and how many years acquired.):

(This section may be duplicated to supply information on each individual instructing a course component or supplementary activity.)

Signature of the Coordination Representative

_____/_____/_____
Date

I declare that the information contained in this application is accurate and truthful. I understand the State standards and requirements for curriculum and instruction of a Preparedness Program and I, as Coordinating Representative of the Institution, assure the OSDH that my institution shall adhere to them and report information as prescribed. Furthermore, I shall report substantial changes.

Signature of the Coordination Representative

_____/_____/_____
Date

Include a check or money order for the fee amount of \$50.00, made payable to the Oklahoma State Department of Health. Submit the completed application and fee to:

**Oklahoma State Department of Health
Home Care Administrator Registry
P.O. Box 268816
Oklahoma City, OK 73126-8816**

**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

I am a United States citizen.

OR

I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE FRONT AND BACK OF YOUR AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____

Signature _____

City & State _____

Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.



Procedure for Initial License/Certification Applications

The Oklahoma State Department of Health (OSDH) participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence), and thereby ensuring only U.S. Citizens and eligible non-citizens receive government benefits, such as licenses. OSDH may only issue licenses, certifications or permits to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:

Alien Lawfully Admitted for Permanent Residence:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or
- **Unexpired Temporary I-551**(Stamp in foreign passport or on INS Form I-94).

Immigrant or Non-Immigrant Visa Status:

- **INS Form I-94**
- **INS Form I-688B**

Asylee:

- **INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated “27a .12 (a) (5)”;
- **INS Form I-766** (Employment Authorization Document) annotated “AS”;
- **Grant letter** from the Asylum Office of INS; or
- **Order** of an immigration judge granting asylum.

Refugee:

- **INS Form I-94** annotated with stamp showing admission under §207 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”;
- **INS Form I-766** (Employment Authorization Document) annotated “A3”;
- **INS Form I-571** (Refugee Travel Document).

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

INS petition and appropriate supporting documentation

Qualified Aliens: State law requires the Oklahoma State Department of Health to verify the immigration status (lawful presence) of all non-U.S. citizens upon initial license/certification and renewal.

QUALIFIED ALIENS MUST ATTACH A COPY(FRONT & BACK) OF THE DOCUMENTS that supports their status as shown above with their Affidavit of Lawful Presence. A license, permit, or certification **will not be issued until the appropriate documentation is submitted.**

Renewal applicants with new immigration documents are required to mail the new immigration documentation listed above to establish eligibility for renewal.

U.S. Citizens: After receipt of this Affidavit of Lawful Presence, U.S. Citizens are not required to attach an Affidavit of Lawful Presence every year.

Alien Paroled Into the U.S. for a least One Year:

- **INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

- **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (10)”;
- **INS Form I-766** (Employment Authorization Document) annotated “A10”;
- **Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

- **INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”;
- **INS Form I-766** (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
- **Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7;
- **INS Form I-94** with stamp showing parole as “Cuba/Haitian Entrant” under § 212 (d) (5) of the INA.