



**APPLICATION FOR HOME CARE ADMINISTRATOR  
PROVISIONAL CERTIFICATE  
OAC 310:664-3-6**

***General Information***

With a Provisional Certificate, an individual may function as a home care administrator for no longer than six (6) months. An applicant is eligible to receive a certificate upon proof of the following:

- (1) One criterion for deeming is met;
- (2) Applicant is prepared to register for the OHCAPA;
- (3) Applicant is authorized by administrator or governing body to function as administrator; and
- (4) OSBI report shows suitability to function as an administrator.

***Complete each section.***

**I. Qualification (OAC 310-664-3-4)**

Indicate **one** of the criteria listed which best describes your qualification for deeming.

- 1. Baccalaureate or higher degree from an accredited institution and at least one (1) year full time experience in a management/supervisory level position in home care within the immediate past two (2) years;
- 2. Associate or higher degree in a health field from an accredited institution and at least one (1) year of full time employment in home care within the immediate past two (2) years;
- 3. Certificate of Achievement in Health Care Administration by completion of a minimum of thirty (30) college credit hours from an accredited institution in the state and at least one (1) year of full time employment in home care within the immediate past two (2) years;
- 4. Registered nurse in the State and at least one (1) year of full time experience in home care -- within the immediate past two (2) years; **or**
- 5. Evidence of achieving a passing score on the National Association for Home Care Executive Certification Program examination.

**II. Documentation**

- a. Attach the document to verify you meet the criterion selected in Section I. Identify as Attachment 1.
- b. Attach the documentation from your employer(s) who can verify your employment experience in the field specified in the qualifying criteria. Identify as Attachment 2.

**III. OHCAPA Registration**

I am prepared to register for the OHCAPA. Yes \_\_\_\_\_ No \_\_\_\_\_

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**IV. Authorization**

Attach a copy of your written, signed, and dated authorization from the administrator or member of the governing board enabling you to function as an administrator for the agency. Identify as Attachment 3.

Agency of Employment: \_\_\_\_\_

Agency Address: \_\_\_\_\_

**V. Criminal Arrest Check**

Attach a copy of the criminal arrest check conducted by the OSBI within sixty (60) days of submitting the application. Identify as Attachment 4.

**VI. Legal Resident Affidavit**

Attach an *Affidavit Of Lawful Presence By Person Making Application For A License, Permit Or Certificate*, ODH Form 301. Identify as Attachment 5.

**VII. Fee Payment**

Include a check or money order in the amount of \$80.00 made payable to the Oklahoma State Department of Health. **Submit fee, application, and attachments to:**

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

**VIII. Contact Information and Signature**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name (legal name to appear on the certificate):

\_\_\_\_\_  
Last First Middle Initial

Home Address:

\_\_\_\_\_  
Number & Street City State Zip

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

**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.