



Health Resources
Development Service

Oklahoma State
Department of Health

[Home Care Administrator Registry](#)

P.O. Box 268816
Oklahoma City, OK 73126-8816
Telephone: (405) 271-6868
Fax: (405) 271-7360

Email: HealthResources@health.ok.gov

**HOME CARE ADMINISTRATOR REGISTRY
DUPLICATE CERTIFICATE / DOCUMENT REQUEST FORM**

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 (____) _____

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.

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