



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: HCAR@health.ok.gov

HOME CARE ADMINISTRATOR CERTIFICATE RENEWAL

Name (legal name to appear on the certificate):

Last First Middle Initial

Mailing Address:

Number & Street City State Zip

Telephone: Home _____ Work _____
Employer _____

Section A. Continuing Education

1. Continuing education verification is not required for the first-time renewal.
2. Attach copies of documents verifying attendance of at least twelve (12) hours of acceptable continuing education completed since August 1st of last year. No more than six (6) hours of home study will be accepted. Clinical continuing education will only be acceptable if the administrator requires continuing education to renew additional credentials specific to clinical practice, and no more than six (6) of the required twelve (12) hours for renewing a home care administrator certification may have a clinical emphasis. If you are submitting clinical continuing education, please attach a copy of your credentials that require the continuing education.
3. See OAC 310:664-9 for continuing education requirements.

Section B. Non-refundable Renewal Fee

The renewal fee is \$55. If the renewal is filed on or after August 31, and on or before September 30, there is a penalty of \$25. If the renewal is filed on or after October 1, there is a penalty of \$50.

If your certification has been on inactive status, the fee to re-establish active status is \$4.60 per month for each full month from the date of the application until July 31. [e.g. For applications filed April 15th, the renewal fee is for the three full months of May, June, and July, or (3 x \$4.60 = \$13.80)].

The Department must receive the fee and completed application no later than August 31st to avoid a penalty fee. Please make check or money order payable to the Oklahoma State Department of Health or OSDH.

I hereby affirm that all required documentation is true and correct. I certify that I have not had a felony conviction since my previous application for certification or renewal. It is understood that the Oklahoma State Department of Health may consider false documents as sufficient cause for revocation of certification.

Signature of Applicant Date