



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

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HOME CARE ADMINISTRATOR CERTIFICATE APPLICATION BY COMPLETION OF THE OHCAPA

General Information

A person who successfully completed a Department approved Preparedness Program or otherwise was deemed to meet the Preparedness Program standards and passed the Oklahoma Home Care Administrator Preparedness Assessment (OHCAPA) may apply for a Home Care Administrator Certificate. The purpose of this form is to apply to receive a Home Care Administrator Certificate from the Oklahoma State Department of Health on the basis of meeting all requirements and submitting the completed application.

Complete each section. (Please print or type.)

I. Contact Information

Name _____
Last First Middle Initial

Home Address _____
Number & Street City State Zip

Telephone: Home (_____) _____ Fax (_____) _____

Work (_____) _____

Date of Birth: _____ Gender: Male _____ Female _____

II. OHCAPA Completion

I successfully completed the OHCAPA. Yes _____ No _____

III. Criminal Arrest Check

Attach a copy of the criminal arrest check conducted by the OSBI within sixty (60) days of submitting the application **unless** you were found eligible for employment through the fingerprint based Oklahoma National Background check Program. If so, check the box below and omit the OSBI name based check results.

___ I am eligible for employment through the fingerprint based Oklahoma National Background check Program.

IV. Legal Resident Affidavit

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

V. Certificate Fee Payment and Expiration

- a. Enclose the certification fee of \$140.00 from the date of the application until July 31. This fee is non-refundable.
- b. Make check or money order 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

- c. Certificates expire on July 31 each year. Annual renewal fees are \$50.00.

VI. Applicant's Statement of Verification

This Application is complete and accurate. I understand that submission of inaccurate information or fraudulent documents will result in the Department's decision to deny issuance of the certificate.

Signature of Applicant

Date