



## 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. Secondary Education**

I completed (check one): High School Diploma \_\_\_\_\_ GED \_\_\_\_\_ Adult High School Diploma \_\_\_\_\_

### **IV. 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.

**V. Legal Resident Affidavit**

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

**VI. Certificate Fee Payment and Expiration**

- a. Enclose the initial 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 \$55.00.

**VII. 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