

**OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES-0511**

1000 N.E. 10th Street, Room 1011

Oklahoma City, OK 73117-1299

Telephone (405) 271-9444, ext 57273 Fax (405) 271-7360

<http://www.health.ok.gov/program/nrsaid/waiver.html>

email questions to: health resources @health.ok.gov

For Office Use Only

Date Received _____

Facility Number _____

Date Processed _____

NATCEP Status Report

(Nurse Aide Training and Competency Evaluation Program)

For a nursing facility, specialized facility, continuum of care facility, assisted living center,
adult day care center, or residential care home

Name of Facility, Center or Home:

Address

City

State

Zip Code

(A) Name of uncertified Nurse Aide:

Date of Birth:

(B) Date the facility began using the person as a nurse aide:

(C) Date the person entered training and competency evaluation:

(D) Date the Person completed training and competency evaluation:

If training and evaluation have not been completed, the person's status at the time of the application and the projected date when evaluation will be completed.

Projected Date of Evaluation:

Status:

By my signature below, I attest that this information is true to the best of my knowledge and belief.

Typed or Printed Name of Administrator completing this form

Signature

Date Signed

Note: Please mail or fax the completed waiver request to the address or fax number as shown at the top of the application.