Health Resources Development Service
Oklahoma State Department of Health

Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126-8816
Tel. (405) 271-4085 • Toll Free (800) 695-2157

RECERTIFICATION APPLICATION

OAC 310:677-5-2(d)

- Renewal of your certification requires eight (8) hours of paid employment in a **licensed nursing facility, specialized facility, residential care home, home health or home care agency, adult day care center, assisted living center, continuum of care facility, Oklahoma Department of Veterans Affairs nursing facility or Oklahoma correctional facility.**
- Your work proof must be during the 24 months before your certification expires. **If you have no work proof or if certification is expired 24 to 36 months, you must Retest. If certification is expired over 36 months, you must Retrain and Retest.** OAC 310:677-5-4
- Employment worked in private duty **WILL NOT** renew your certification.
- You are required to fill an **Affidavit of Lawful Presence** and attach to your recertification application.
- Certification status may be checked 24 hours a day on the Internet, website address: **http://nar.health.ok.gov/**
- It is essential that you notify the Nurse Aide Registry of address changes. (Forms are not forwarded.)

Certified Nurse Aide - Information

_____/_____/_____
Date of Birth

_____
First **MI** **Last** **Social Security Number**

If you have had a **name change since your last renewal, please send a **Copy** of a legal document with your new name on it. Examples would be: a social security card, a driver's license, a marriage license or a divorce decree.**

_____ _____
Current Mailing Address **City** **State** **Zip** **Telephone Number**

I affirm the information on this form to be true and correct to the best of my knowledge.

_____ ____/____/____ _____
******Signature of Nurse Aide****** **Date** **Name of Current Facility/Agency where employed - Phone**

Employment Information

DATES WORKED

_____
Facility Name

Start Date **End Date**
____/____/____ ____/____/____

_____
Address City, State, Zip Phone Number

Aide is still employed: Yes No

_____ **OR** _____ **OR** _____
Signature of Administrator, Director or Human Resource Staff **COPY of paystub** **COPY of W-2 Form**

Check the type of Nurse Aide Certification(s) you want to renew:

☐ Renewing LTC – **No Fee Required** ☐ Renewing HHA $10 ☐ Renewing DDDCA $10

☐ Renewing RCA $10 ☐ Renewing ADC $10 OR ☐ Renewing Feeding Assistant $10 **OAC 310:675-19-6(c)**

Certified Medication Aide – Renewal: CMA renewal requires 8 hours Continuing Education taken every 12 months **before** expiration date

☐ Renewing CMA $10 ☐ **Attach Certificate of Attendance** for the eight (8) hour CMA Continuing Education Update Program

_____ ____/____/____
Name and location of the eight (8) hour CMA/CEU class attended **Date attended**

For LTC only-without fee mail renewal to: Nurse Aide Registry, 1000 NE. 10th St., Oklahoma City, OK 73117

All other certifications with fees: Please make check or money order payable to OSDH/Nurse Aide Registry and mail to :
P.O. Box 268816, Oklahoma City, OK 73126-8816

NOTE: All Fees submitted are NON-Refundable Total Enclosed $_____
****If payment is made in person at OK St. Dept. of Health, please stop at NAR desk on first floor for application review. You will then make payment at receipts window on first floor and renewal will be processed at that time. ****