



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.
- Certification status may be checked 24 hours a day on the Internet, website address: <http://nar.health.ok.gov/>
- **Change of Law – Starting November 1, 2015. Notice of change of address or telephone number shall be made within ten (10) days of the effected change. Notice shall not be accepted over the phone.** Title 63.O.S., Section 1-1951(D)(3)(b)

CERTIFIED NURSE AIDE - INFORMATION

_____/_____/_____
Date of Birth

First **MI** **Last** **Social Security Number**
 Law change – Starting November 1, 2015 If you have had a name change since your last renewal, please send certified copies of any marriage license or other court document which reflects the change of name. Title 63.O.S., Section 1-1951(D)(3)(b).

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

EMPLOYMENT INFORMATION – Must Have either a signature for dates worked, paystub, or W-2 Form				DATES WORKED	
				Start Date	End Date
Facility Name _____				____/____/____	____/____/____
Address _____		City, State, Zip _____		Phone Number _____	
				Aide is still employed: Yes No	
Signature of Administrator, Director or Human Resource Staff _____			OR	COPY of paystub _____	
			OR	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 units taken every 12 months before expiration date

- Renewing CMA \$10
 Attach documentation of completion of an eight (8) hour CMA Continuing Education Update Program

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

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 _____
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MAILING INSTRUCTIONS

CERTIFICATIONS WITH FEES: Please make check or money order payable to OSDH/Nurse Aide Registry and mail to: Nurse Aide & Nontechnical Services Worker Registry, OSDH, P.O. Box 268816, Oklahoma City, OK 73126-8816

LTC CERTIFICATION ONLY: Please mail to: Nurse Aide & Nontechnical Services Worker Registry, OSDH, 1000 NE 10th ST, Oklahoma City, OK 73117-1207

NOTE: All Fees submitted are NON-Refundable **Total Enclosed \$** _____
 **If payment is made in person at OSDH, please stop at Nurse Aide Registry desk on first floor for application review. You will then make payment at the Receipts window on first floor and renewal will be processed at that time. **



**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

I am a United States citizen.

OR

I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.

Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE FRONT AND BACK OF YOUR AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____

Signature _____

City & State _____

Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. Write the identification number in the space provided after "Admission/Registration #" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.