



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]
- Pursuant to Title 68 O.S. Section 238.1(B) and OAC 710:95-9-3, your social security number is required in order to establish compliance with the income tax laws of this state.
- Employment worked in private duty will NOT renew your certification.
- You are required to fill out the Affidavit on the back of this form.
- Certification status may be checked 24 hours a day on the Internet, Web site address: <http://nar.health.ok.gov/>
- It is essential that you notify the Nurse Aide Registry of address changes. (Forms are not forwarded.)
- **It will take 4 to 6 weeks to process your application once it is received in the Nurse Aide Registry.**

Certified Nurse Aide - Information

_____/_____/_____
Date of Birth

First MI Last

Social Security Number

Current Mailing Address City State Zip

Telephone Number

Employment Information

Dates Worked

Facility Name

Start Date End Date

_____/_____/_____/_____/_____/_____
/ / / / / /

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

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 Number

Certified Nurse Aide – Renewal: Check the 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 Re-registering as a Feeding Assistant – No Fee Required

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

NOTE: All Fees submitted are NON-Refundable Total Enclosed \$ _____

Please make check or money order payable to: **OK State Dept of Health, PO Box 268816, Oklahoma City, OK 73126-8816**

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 include: social security card, driver's license, marriage license or divorce decree.



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.
- 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.

Indicate the identification number and authorizing document below.

Admission/Registration #: _____

- | | |
|---|---|
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Passport with temporary I-551 notation |
| <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Employment Authorization Card |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Passport with temporary I-551 stamp |
| <input type="checkbox"/> Other: _____ | |

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.

- If the person executing 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.
- If the person executing 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 executing 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."
- Provide the identification number in the space provided after "Admission/Registration #" and check the box to the left of the authorizing document type.
- In the space after the word "Date" the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form in the space provided for signature and print name in space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
- Within the context of the execution of 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.