



RECIPROCITY APPLICATION

(Once completed, Please MAIL to the address on top of form)

TO BE COMPLETED BY NURSE AIDE REQUESTING RECIPROCITY:

PLEASE PRINT LEGIBLY

| | | | | | |
|--|--------|---------------------------|---|----------------------|----------------|
| Last Name: | | First Name: | | Middle Initial: | Other Name(s): |
| Street Address: | | | Mailing Address: (If different from street) | | |
| City | State | Zip | City | State | Zip |
| County | | Home Phone () - | | Other Phone () - | |
| Date of Birth: / / MO DAY YR | | Social Security #: - - | | Sex: M F | |
| Please list all state(s) that you have ever been certified in: | | Expiration Date(s): | I am or was certified as a: | | |
| State | Cert # | / / | Long Term Care Aide | Home Care Aide | |
| State | Cert # | / / | Long Term Care Aide | Home Care Aide | |
| State | Cert # | / / | Long Term Care Aide | Home Care Aide | |
| State | Cert # | / / | Long Term Care Aide | Home Care Aide | |
| <p>➤ Are there documented findings on the nurse aide registry of substantiated resident abuse, neglect or misappropriation of property? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, please describe. _____</p> <p>_____</p> <p>➤ Do you have any criminal convictions? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, which state(s) do you have criminal convictions? _____</p> <p>_____</p> | | | | | |
| <p>Please be certain that the information you provide is correct. The Oklahoma State Department of Health may deny, suspend, withdraw or not renew the certificate of a nurse aide who intentionally provides false or misleading information to a training program, a facility, or the Oklahoma State Department of Health.</p> | | | | | |
| <p>By my signature below, I certify that all information provided on this application is true and complete to the best of my knowledge and belief. I give my permission to any state registry to disclose all information requested on this application.</p> | | | | | |
| Signature of Applicant | | | | Date | |



Oklahoma State
Department of Health
Creating a State of Health

**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.