



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 complete an **Affidavit of Lawful Presence** and attach it to your Recertification Application.
- Your 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. (State mail is not forwarded.)

Certified Nurse Aide - Information

_____/_____/_____
Date of Birth

First MI Last Social Security Number
If you have had a **name change send a **copy** of a legal document with your new name on it. Examples would be a social security card, driver's license, marriage license, or divorce decree.**

Current Mailing Address City State Zip Telephone Number

Affirmation of Truthfulness

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**

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 taken every 12 months **before** expiration date

Renewing CMA \$10

Attach Certificate of Attendance for the eight (8) hour CMA Continuing Education Update Program

Mailing Instructions

If no fee (LTC only) is required mail to: OSDH/Nurse Aide Registry, 1000 NE 10th St., Oklahoma City, OK 73117-1299

If fee required, mail application for all certifications to: OSDH/Nurse Aide Registry, P.O. Box 268816, Oklahoma City, OK 7126-8816

Payments

Please make check or money order payable to: OSDH/Nurse Aide Registry or OSDH/NAR

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

****If payment is made in person at the Oklahoma State Dept. of Health, please first stop at the Nurse Aide Registry desk on first floor for your application to be reviewed. If required, you will then pay the cashier's at their window on first floor. Renewal may be processed that day. ****



**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.