Nurse Aide Registry
Oklahoma State Department of Health

Nurse Aide Registry (NAR)
1000 NE 10th Street
Oklahoma City, OK 73117-1207
Tel. (405) 271-4085 • Toll Free (800) 695-2157

RECERTIFICATION APPLICATION

Section 1 - Check the type(s) of Nurse Aide Certification(s) you want to renew.

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

☐ Renewing **ADC -** $10 Fee ☐ Renewing **Feeding Assistant (FA) -** $10 & 8 **hours paid work proof as an FA or 8 hours training proof per ATTACH OAC 310:675-19-3**

Section 2 - Certified Medication Aide – Renewal

☐Renewing **CMA -** $10

☐Attach documentation of **continuing education** equivalent to **eight (8) hours** for every twelve months of certification, ***excluding the first year of certification.*** **Continuing Education Units (CEUs) must be completed **during the certification period or within one year after that. ***Advanced CMA certifications** will be renewed at the same time as your CMA renewal. If you are requesting a **new** advanced CMA certification, please include the $10 fee for each one requested with the Advanced Training Application received from the course instructor.

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

Section 3 - Personal Information

_____/_____/_____ _____/_____/_____
Date of Birth **Social Security Number**

_____
First **MI** **Last**

If you have had a **name change since your last renewal, please include a certified copy of the marriage license or other court document which reflects the change of name when you submit this application.**

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

_____ _____
E-mail address **Telephone Number**

Section 4 - Employment Verification - ***Must submit proof of 8 hours paid work in nursing or nursing related services during certification period***
****No Private Duty****

☐**Administrative Signature** **OR** ☐**PAYSTUB** **OR** ☐ **FORM W-2** **Start Date** **End Date**

_____ ____/____/____ ____/____/____
Facility Name **Aide is still employed:** ☐**Yes** ☐ **No**

_____ **X**_____
Address **City, State, Zip** **Phone Number** **Administrative/HR Signature**

Section 5 – Affirmation
I affirm the information on this form to be true and correct to the best of my knowledge.

X_____ ____/____/____ _____
Signature of Nurse Aide **Date** **Name of most recent Facility/Agency where employed – Phone**

LTC Renewal only - NO Fee required: Mail to: **NAR-OSDH, 1000 NE 10th St., Oklahoma City, OK 73117-1207**

Renewal(s) requiring Fee(s): Make check or *money order payable to:* **OSDH/Nurse Aide Registry**
Mail to: **NAR-OSDH, P. O. Box 268816, Oklahoma City, OK 73126-8816**

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

INSTRUCTIONS FOR RECERTIFICATION APPLICATION
ODH FORM 717

CHECK LIST TO COMPLETE THE RECERTIFICATION PROCESS

☐ Do you have a Tax Hold on your account by the OK Tax Commission (OTC)? **Please send in your application even if you have a Tax Hold so it is pending the Tax Hold being lifted.** Contact **OTC at 1-800-522-8165 or (405) 522-6800** if you have a Tax Hold. The OTC will e-mail the Nurse Aide Registry when the "Hold" is lifted.

☐ If renewing your CMA certification and it is not your first renewal – include the certificate of completion of at least eight (8) hours of continuing education units with your renewal (every twelve (12) months).

☐ Include **work proof** (excluding CMA renewals) from during your certification period: (1) **signature of the Administrator, Director, Supervisor, or HR Representative in Section 4** OR (2) **a copy of your pay stub** OR (3) the **Form W-2** from your employer that you filed with your taxes

☐ The **Affidavit of Lawful Presence** is complete. **If you are a Qualified Alien, you must provide a copy (front and back) of what authorizes you to work in the USA.** You must **print and sign** your name on the Affidavit. Please print clearly.

☐ Be sure your **name is printed clearly** and you have **signed the application (Section 5)**.

☐ Include the **fee** for the renewal of your certification, if required.

Section 1: Check the type of Nurse Aide Certification(s) you want to renew

Please make sure you check all types of certifications you want to renew. If you send in a fee for your Home Health Aide (HHA) renewal and also have a Long Term Care certification expiring at the same time or within a few months of each other, they will both be automatically renewed.

Section 2: Certified Medication Aide – Renewal - Chapter 677-13-1(d) General Requirements

*Please provide a copy of your certificate showing completion of at least eight (8) hours of continuing education units (CEUs) within the last twelve (12) months of your certification, excluding the first year renewal of certification. Classroom and supervised practical training hours completed by a CMA in a Department-approved advanced training program may be used in place of the CEUs to renew your certification so long as the advanced training is at least 8 hours.

*You must have a current certification as a Long Term Care Aide (LTCA), Home Health Aide (HHA), or Developmentally Disabled Direct Care Aide (DDCA) to renew your CMA certification.

Section 3: Personal Information

*****Fill out your date of birth, social security number, and full name.

*****Notification of change of name shall require certified copies of a marriage license or other court document which reflects the change of name.

***** Fill out the Current Mailing Address – be sure to include Lot or Apartment number

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(A)(7),(D)(3)(b) and (D)(8)**

*****Fill out the e-mail address and/or telephone number. If there are problems with your Recertification Application we will e-mail a problem letter. If you do not have an e-mail address we will contact you by phone or mail to let you know what is wrong.

Section 4: Employment Verification - Chapter 677-5-2(d)(2)

* Provide documentation of at least eight (8) hours of nursing or health related services for compensation (paid work) during the preceding 24 months of your certification (other than CMA).

*Employment worked in private duty where there is no overseeing doctor or nurse WILL NOT be allowed to renew your certification.

*The Administrator, Director, Supervisor, or HR Representative must **fill out the dates** you worked (or began work to "present") and **sign the Recertification Application** if you are not including a paystub or Form W-2. If using a paystub or Form W-2, please fill out the dates you worked or the date you started to work to "Present" if you are still working.

Section 5: Affirmation

*Please make sure your name is printed clearly and you have signed the application. **The application will not be processed if it is not signed.**

Certification status may be checked 24 hours a day: (1) On the Internet at: http://nar.health.ok.gov/ or
(2) by calling toll free at 1-800-695-2157 or (405) 271-4085

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.

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.

Oklahoma State
Department of Health

Procedure for Initial License/Certification Applications

The Oklahoma State Department of Health (OSDH) participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence), and thereby ensuring only U.S Citizens and eligible non-citizens receive government benefits, such as licenses. OSDH may only issue licenses, certifications or permits to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:

Alien Lawfully Admitted for Permanent Residence:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card"); or
- **Unexpired Temporary I-551**(Stamp in foreign passport or on INS Form I-94).

Immigrant or Non-Immigrant Visa Status:

- **INS Form I-94**
- **INS Form I-688B**

Asylee:

- **INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "27a .12 (a) (5)";
- **INS Form I-766** (Employment Authorization Document) annotated "AS";
- **Grant letter** from the Asylum Office of INS; or
- **Order** of an immigration judge granting asylum.

Refugee:

- **INS Form I-94** annotated with stamp showing admission under §207 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)";
- **INS Form I-766** (Employment Authorization Document) annotated "A3"; or
- **INS Form I-571** (Refugee Travel Document).

Alien Who Has Been Battered or Subjected to Extreme Cruelty:
INS petition and appropriate supporting documentation

Alien Paroled Into the U.S. for a least One Year:

- **INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:

- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (10)";
- **INS Form I-766** (Employment Authorization Document) annotated "A10"; or
- **Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:

- **INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
- **INS Form I-766** (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant:

- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- **Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- **INS Form I-94** with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA.

Qualified Aliens: State law requires the Oklahoma State Department of Health to verify the immigration status (lawful presence) of all non-U.S. citizens upon initial license/certification and renewal.

QUALIFIED ALIENS MUST ATTACH A COPY(FRONT & BACK) OF THE DOCUMENTS that supports their status as shown above with their Affidavit of Lawful Presence. A license, permit, or certification **will not be issued until the appropriate documentation is submitted.**

Renewal applicants with new immigration documents are required to mail the new immigration documentation listed above to establish eligibility for renewal.

U.S. Citizens: After receipt of this Affidavit of Lawful Presence, U.S. Citizens are not required to attach an Affidavit of Lawful Presence every year.