Health Resources Development Service
Oklahoma State Department of Health

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

# 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: | Social Security #: | Sex: |
|---|---|---|
| _____ / _____ /_____<br>MO DAY YR | _____- _____-_____ | _____M _____F |

| Please list all state(s) that you have ever been certified in: | Expiration Date(s): | I am or was certified as a: | |
|---|---|---|---|
| _____<br>State Cert # | ____/_____/____ | ____ Long Term Care Aide | ____ Home Care Aide |
| _____<br>State Cert # | ____/_____/____ | ____ Long Term Care Aide | ____ Home Care Aide |
| _____<br>State Cert # | ____/_____/____ | ____ Long Term Care Aide | ____ Home Care Aide |
| _____<br>State Cert # | ____/_____/____ | ____ Long Term Care Aide | ____ Home Care Aide |

- Are there documented findings on the nurse aide registry of substantiated resident abuse, neglect or misappropriation of property? □ No □ Yes; if yes, please describe. _____
  _____

- Do you have any criminal convictions? □ No □ Yes; if yes, which state(s) do you have criminal convictions? **If YES, you must provide court documentation of conviction.**
  _____

***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.***

**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.**

_____ _____
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.

**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 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.