



Nurse Aide Registry  
Oklahoma State  
Department of Health



Oklahoma State Department of Health  
Nurse Aide Registry

P.O. Box 268816  
Oklahoma City, OK 73126-8816  
Telephone: (405) 271-4085 or Toll Free 800-695-2157

## SOCIAL SERVICES DIRECTOR COURSE APPLICATION

### General Information

Pursuant to the rules for Nursing and Specialized Facilities, Chapter 675, at 310:675-13-9(b)(2), the Department (Oklahoma State Department of Health) has authority to approve social services director courses. An OSDH application review will determine if state requirements for a director course are met prior to notification of approval or denial. Notice of the Department's decision to approve or deny will be forwarded to the applicant within thirty (30) calendar days from receipt of the application.

If the Department finds the application has not addressed all requirements, a written notice shall be provided detailing the requirements not met and providing opportunity for amendment to the application. After review, the Department will notify the course contact person of approval, disapproval, action, or changes of status regarding the course. [OAC 310:675-13-9(c)(2)]

Training shall be provided through a program sponsored or approved by a nationally affiliated association of providers subject to Oklahoma Nursing and Specialized Facilities Rule, regionally accredited institution of higher learning, Oklahoma career technology center, or nationally recognized professional accrediting body for activity professionals [OAC 310:675-13-9(c)(3)]. Instructors shall have a degree or substantial recent experience in the subject matter being taught, or other educational, teaching, or professional qualifications determined by the course provider. [OAC 310:675-13-9(c)(7)]

Course approval shall be for a period of three (3) years from the date of approval issuance. In the interest of updated curriculum, reflecting the latest best practice, a new application, and curriculum review are required triennially. Currently approved training programs shall apply under this section within twelve (12) months from June 25, 2009, the effective date of this rule. [OAC 310:675-13-9(c)(11)]

### Course Eligibility

Any person or entity seeking to conduct an approved social services director course shall make application to the Department as provided in OAC 310:675-13-9, Social services personnel.

### Instructions

1. Carefully read all instructions and complete all sections of the application, as indicated.
2. Additional pages may be inserted if the space allotted is not sufficient. Attach required documents. When inserting a page, identify the specific page of the application form and the section that it completes. Duplicate and retain a file copy of the completed original application including all pages added by the applicant.
3. Submit application fee of one hundred dollars (\$100.00) with each completed application for course approval. Make check or money order payable to the Oklahoma State Department of Health or OSDH. This fee is non-refundable.

**A non-refundable application fee of one hundred dollars (\$100.00) is required.  
Make check or money order payable to the Oklahoma State Department of Health or OSDH.**

**Section I. Program Information**

**SOCIAL SERVICES DIRECTOR  
COURSE APPLICATION**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant (individual or entity) \_\_\_\_\_

Division/ Department (if applicable) \_\_\_\_\_

Address of Applicant:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_  
Last First Initial

Address of Contact Person:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_)\_\_\_\_-\_\_\_\_, \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Telephone Number Ext Fax Number

**Section II. Curriculum**

1. The approved course will consist of not less than twenty-four (24) hours of instruction. An activity director training course taught in combination may share eight (8) hours of programming. [310:675-13-9(c)(9)]
2. Submit copies of the course outlines and identify as '**Attachment 1**'. [310:675-13-9(c)(1)(C)]  
Course outlines include:
  - a list of the summarized topics covered in the course,
  - the time allotted for each topic, and
  - upon request, a copy of any course materials.

**Section III. Course Standards**

Submit information of how the course meets the course content standard provided in OAC 310:675-13-9(c)(8). If attachment, identify as '**Attachment 2**'. [OAC 310:675-13-9(c)(1)(D)]

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**Section IV. Completion Certificate**

Submit a sample certificate of completion and identify as '**Attachment 3**'. [310:675-13-9(c)(1)(E)]

**Section V. Attendance**

Submit procedures of how attendance will be monitored. If attachment, identify as '**Attachment 4**'. [310:675-13-9(c)(1)(F)]

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**Section VI. Evaluation**

Submit procedures for evaluating successful course completion. [310:675-13-9(c)(1)(G)]

**SOCIAL SERVICES DIRECTOR  
COURSE APPLICATION**

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I declare the information contained in this application is accurate and truthful. I understand the State standards and requirements for curriculum and instruction of a Social Services Director Course as specified in OAC 310:675-13-9(c) and I, as Applicant/Course Contact Person, assure the OSDH I shall adhere to them, and that the sponsoring entity will not advertise this course as endorsed, recommended, or accredited by the Department. Nor shall any person or entity sponsoring or conducting this course advertise or advise program participants that completion of the program grants a certification, but I may indicate the Department has approved the course to qualify for employment as a social services director.

I further understand the Department may, upon notice and right to hearing, decline to renew, or revoke the approval of, any previously approved course upon a showing or demonstration that the course, instructor or entity has substantially failed to adequately prepare its attendees or participants as Social Services Directors and/or for course violation of, or non-compliance with, any provisions of state standards.

\_\_\_\_\_  
Signature of the Applicant or Course Contact Person

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

Submit a check or money order for the fee amount of \$100.00, made payable to the Oklahoma State Department of Health or OSDH.

**Submit the completed application and fee to:**

**Oklahoma State Department of Health  
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