



Oklahoma State Department of Health
Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126-8816
Ph. 405-426-8150

**Home Health Aide
Deemed to Adult Day Care Aide Application**

(This application is to be used by a Home Health Aide to document
16 hours of training to become certified as an Adult Day Care Aide.)
Submit \$15.00 Nonrefundable Processing Fee

Nurse Aide Name: _____

Home Address: _____

Social Security Number: _____

LTC Certification Number: _____ **Date of Hire:** _____

Topic	Date	Time Spent	Instructors Initials

Instructor Signature: _____ **Date:** _____

Facility or Technology Center Where Trained: _____

Nurse Aide E-mail: _____

Nurse Aide Signature: _____ **Date:** _____