



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

**Intermediate Care Facility for Individuals with  
 Intellectual Disabilities Aide  
 Deemed to Adult Day Care Aide Application**

**(This application is to be used by a Developmental Disabled Direct Care 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:** \_\_\_\_\_