



**OKLAHOMA**  
State Department  
of Health

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

**Long Term Care Aide  
Deemed to Home Health Aide Application**

(This application is to be used by a Long Term Care Aide to document 16 hours of training specific to the home health population to become certified as a Home Health Aide.)

Cost: \$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:** \_\_\_\_\_