

Home Care Administrator Registry Duplicate Certificate/Document Request Form (OAC 310:664-11-3)

Section 1 – Indicate Request

- Duplicate Home Care Administrator Certificate \$15.00
- Name Change \$15.00
(Attach copy of the legal court document changing your last name (i.e. Marriage License or Divorce Decree))

Section 2 – Contact Information

Last Name

First Name

Middle Initial

Mailing Address

City

State

Zip Code

Primary Phone Number

Email Address

Agency Name

Work Phone Number

**Please submitted your application, documents and fee (check/money order only) to the
PO Box listed below:**

Oklahoma State Department of Health

Home Care Administrator Registry

PO Box 268816

Oklahoma City, OK 73126

All checks/money orders can be made payable to the following:

OSDH/Home Care Administrator Registry