OKLAHOMA State Department of Health

Oklahoma State Department of Health
Home Care Administrator Registry (HCAR)
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73102
p. 405 426-8150

INITIAL HOME CARE ADMINISTRATOR APPLICATION BY COMPLETION OF THE OHCAPA OAC 310: 664-3, 5 & 7

General Information

The purpose of this application is to apply to be placed on the Oklahoma Home Care Administrator Registry and receive a Home Care Administrator Certificate. Approval is granted to those who have successfully completed a Preparedness Program or deemed to meet the requirements of the Preparedness Program and has passed the Oklahoma Home Care Administrator Preparedness Assessment (OHCAPA). Upon approval a Home Care Administrator Certificate will be mailed and the individual will be added to the Oklahoma Home Care Administrator Registry.

I. Contact Information

Last Name _____ First Name _____ Middle Initial _____

Personal Mailing Address _____ City _____ State _____ Zip Code _____

Personal Phone Number _____ E-mail Address _____

Agency Name _____ Agency Phone Number _____

Date of Birth _____ Social Security Number _____ Gender _____

II. Basis of taking the OHCAPA

☐ Preparedness Program ☐ Deeming ☐ Provisional Certification

III. OHCAPA Completion (OAC 310:644-3-3(3))

I successfully passed the OHCAPA (Include a copy of Passing Score) ☐ Yes ☐ No

IV. Criminal Arrest Check (OAC 310:644-3-3(2))

Attach a copy of the criminal arrest check conducted by the OSBI completed within 60 days prior to the date of this application.

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V. Legal Resident Affidavit

Attach an *Affidavit Of Lawful Presence By Person Making Application For A License, Permit Or Certificate*, ODH Form 301.

VI. Fee Payment (OAC 310:664-3-3(4))

Include a check or money order in the amount of $140.00 made payable to the Oklahoma State Department of Health. This payment is non-refundable. **Submit fee, application, and attachments to:**

Oklahoma State Department of Health
Home Care Administrator Registry
P. O. Box 268816
Oklahoma City, OK 73126-8816

VII. Signature

I affirm the information on this form to be true and correct to the best of my knowledge.

X _____ _____

Signature of Applicant **Date**

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AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

☐ I am a United States citizen.

OR

☐ I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE FRONT AND BACK OF YOUR AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____ Signature _____

City & State _____ Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should ***not*** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.

2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"

3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.

4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.

5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

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Nurse Aide Registry (NAR)
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Procedure for Initial License/Certification Applications

The Oklahoma State Department of Health (OSDH) participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence), and thereby ensuring only U.S Citizens and eligible non-citizens receive government benefits, such as licenses. OSDH may only issue licenses, certifications or permits to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:

Alien Lawfully Admitted for Permanent Residence:
- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card"); or
- **Unexpired Temporary I-551**(Stamp in foreign passport or on INS Form I-94).

Immigrant or Non-Immigrant Visa Status:
- **INS Form I-94**
- **INS Form I-688B**

Asylee:
- **INS Form I-94** annotated with stamp showing grant of asylum under §208 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "27a .12 (a) (5)";
- **INS Form I-766** (Employment Authorization Document) annotated "AS";
- **Grant letter** from the Asylum Office of INS; or
- **Order** of an immigration judge granting asylum.

Refugee:
- **INS Form I-94** annotated with stamp showing admission under §207 of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)";
- **INS Form I-766** (Employment Authorization Document) annotated "A3"; or
- **INS Form I-571** (Refugee Travel Document).

Alien Who Has Been Battered or Subjected to Extreme Cruelty:
INS petition and appropriate supporting documentation

Alien Paroled Into the U.S. for a least One Year:
- **INS Form I-94** with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld:
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (10)";
- **INS Form I-766** (Employment Authorization Document) annotated "A10"; or
- **Order** from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry:
- **INS Form I-94** with stamp showing admission under §203 (a) (7) of the INA;
- **INS Form I-688B** (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
- **INS Form I-766** (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant:
- **INS Form I-551** (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- **Unexpired temporary I-551** stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- **INS Form I-94** with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA.

Qualified Aliens: State law requires the Oklahoma State Department of Health to verify the immigration status (lawful presence) of all non-U.S. citizens upon initial license/certification and renewal.

QUALIFIED ALIENS MUST ATTACH A COPY(FRONT & BACK) OF THE DOCUMENTS that supports their status as shown above with their Affidavit of Lawful Presence. A license, permit, or certification **will not be issued until the appropriate documentation is submitted.**

Renewal applicants with new immigration documents are required to mail the new immigration documentation listed above to establish eligibility for renewal.

U.S. Citizens: After receipt of this Affidavit of Lawful Presence, U.S. Citizens are not required to attach an Affidavit of Lawful Presence every year.