OKLAHOMA
State Department
of Health

Home Care Administrator Registry (HCAR)
HCAR@health.ok.gov
Tel. (405) 426-8150

APPLICATION FOR HOME CARE ADMINISTRATOR PROVISIONAL CERTIFICATE
OAC 310: 664-3-6

General Information

The purpose of this application is to allow an individual to function as an administrator for no longer than six (6) months and waive traditional training in a preparedness program based on previous education experience (qualifications listed below) to allow the applicant to sit for the Oklahoma Home Care Administrator Preparedness Assessment (OHCAPA) exam. If approved, a Provisional Certification allowing the applicant to function as an administrator for no longer than six months and an approval letter will be mailed to the applicant allowing them to complete the OHCAPA exam. They will be allowed three (3) chances to complete the exam within three (3) months (as stipulated on the approval letter).

I. Contact Information

_____ Date of Birth

_____ Social Security Number

☐ Male ☐ Female Gender

_____ Last Name _____ First Name _____ Middle Initial

_____ Mailing Address _____ City _____ State _____ Zip Code

_____ Phone Number

_____ E-mail Address

_____ Agency Name

_____ Agency Phone Number

II. Qualification (OAC 310:664-3-4)

Indicate **one** of the criteria listed which best describes your qualification for deeming.

☐ 1. Baccalaureate or higher degree from an accredited institution and at least one (1) year full time experience in home care within the immediate past two (2) years.

☐ 2. Associate or higher degree in a health field from an accredited institution and at least one (1) year of full timeemployment in home care within the immediate past two (2) years.

☐ 3. Certificate of Achievement in Health Care Administration by completion of a minimum of thirty (30) collegecredit hours from an accredited institution in the state and at least one (1) year of full time employment in home care within the immediate past two (2) years.

☐ 4. Registered nurse in the State and at least one (1) year of full time experience in home care within theimmediate past two (2) years.

☐ 5. Evidence of achieving a passing score on the National Association for Home Care Executive CertificationProgram Examination.

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III. Documentation

a. Attach the document to verify you meet the criterion selected in Section I. **Identify as Attachment 1**.

b. Attach the documentation from your employer(s) who can verify your employment experience in the field specified in the qualifying criteria. The documentation must include the names and mailing addresses of employers, the corporate names, and the lengths of employment terms from month to month. **Identify as Attachment 2**.

IV. Employment Authorization

Attach a copy of your written, signed and dated authorization from the administrator or member of the govern board enabling you to function as an administrator for the agency. **Identify as Attachment 3.**

Agency Name/Phone Number	Agency Address

V. Criminal Arrest Check

Attach a copy of the criminal arrest check conducted by OSBI within sixty (60) days of submitting the application. **Identify as Attachment 4.**

VI. Legal Resident Affidavit

Attach a completed *Affidavit Of Lawful Presence By Person Making Application For A License, Permit Or Certificate*, ODH Form 301. **Identify as Attachment 5**.

VII. Fee Payment

Include a check or money order in the amount of $80.00 made payable to the Oklahoma State Department of Health. This payment is non-refundable. **Submit fee, application, and attachments to:**

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

VIII. Signature

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

X _____ _____

Signature of Applicant **Date**

OKLAHOMA
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Oklahoma State Department of Health
Nurse Aide Registry (NAR)
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73102
p. 405 426-8150

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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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.