

## Reciprocity Application

### Section 1 – Personal Information

	Date of Birth	Social Security Number	Sex
First	MI	Last	
Current Mailing Address	City	State	Zip Code
Email Address	Telephone Number	Alternate Phone Number	

### Section 2 – Certifications

List ALL state(s) that you have ever been certified in:	Expiration Date(s):	I am/was certified as a:
State                      Cert #	___/___/___	<input type="checkbox"/> Long Term Care Aide <input type="checkbox"/> Home Health Aide
State                      Cert #	___/___/___	<input type="checkbox"/> Long Term Care Aide <input type="checkbox"/> Home Health Aide
State                      Cert #	___/___/___	<input type="checkbox"/> Long Term Care Aide <input type="checkbox"/> Home Health Aide
State                      Cert #	___/___/___	<input type="checkbox"/> Long Term Care Aide <input type="checkbox"/> Home Health Aide
State                      Cert #	___/___/___	<input type="checkbox"/> Long Term Care Aide <input type="checkbox"/> Home Health Aide

### Section 3 – Criminal History

Are there documented findings on the Nurse Aide Registry of substantiated resident abuse, neglect or misappropriation of property?     No

Yes (If yes, please describe): \_\_\_\_\_

Do you have any criminal convictions:     Yes     No

If yes, you must provide court documentation of each conviction and list the state(s) you have a conviction in: \_\_\_\_\_

**Please be certain that the information you provide is correct. The Oklahoma State Department of Health may deny, suspend, withdrawal or not renew the certificate of a nurse aide who intentionally provides false or misleading information to a training program, a facility or the Oklahoma State Department of Health.**

**Section 4 – Affirmation** - By my signature below, I certify that all information provided on this application is true and complete to the best of my knowledge and belief. I give my permission to any state registry to disclose all information requested on this application.

Signature of Applicant	Date

**LTC Reciprocity Only – NO FEE required:** Email: [nar@health.ok.gov](mailto:nar@health.ok.gov)  
Mail to: NAR-OSDH, PO Box 268816, Oklahoma City, OK 73126-8816

**HHA requires \$15 Non-Refundable Fee:** Check/Money Order payable to: OSDH-Nurse Aide Registry  
Mail to: NAR-OSDH, PO Box 268816, Oklahoma City, OK 73126-8816