

## Foreign Graduate Training Exception Application OAC 310:677-1-3(e)

The Department shall allow a graduate of an approved practical or registered nurse program located outside the United States a training exception and shall be authorized to sit for a nurse aide competency examination if the following criteria are met:

- 1) The individual submits the Foreign Graduate Training Exception Application
- 2) The individual does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or similar agency in another state, territory or district of the United States, to be evidenced by the individual's attestation.

**Section 1 - Check the type(s) of Nurse Aide Certification(s) you are requesting.** If you are approved, a letter will be mailed allowing you to sit for the exam(s). To be eligible to test for CMA you must have a current nurse aide certification in LTC, HHA and/or ICF/IIDCA and the applicant must have completed training equal or greater than forty (40) hours as required at **CFR §483.152 and Chapter 677 at 310:677-1-3 (c), 310:677-13-4.**

**LTC** (Long Term Care Aide) – **No Fee Required**

**HHA** (Home Health Aide) - **\$15 Fee\***

**ICF/IIDCA** (intermediate care facility for individuals with intellectual disabilities Care Aide) - **\$15 Fee\***

**RCA** (Residential Care Aide) - **\$15 Fee\***

**ADC** (Adult Day Care Aide) - **\$15 Fee\***

**CMA** (Certified Medication Aide) - **\$15 Fee\***

**Section 2 – Please include the following:**

- Photocopy of a certified, translated diploma and transcript in English
- Documentation verifying legal entry and resident status in the United States, including but not limited to a photocopy of a Social Security card, Visa, Green Card or naturalization papers
- A **Non-Refundable** \$15.00 processing fee for **each** certification selected (HHA, ICF/IIDCA, ADCA, RCA and CMA)

**Section 3 - Personal Information**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**First**

\_\_\_\_\_  
**MI**

\_\_\_\_\_  
**Last**

\_\_\_\_\_  
**Current Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**E-mail address**

\_\_\_\_\_  
**Telephone Number**

### Affirmation

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

**X**\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

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

**Certification(s) Requiring Fee(s):** Make check/money order payable to: **OSDH/Nurse Aide Registry**  
Mail to: **NAR-OSDH, P. O. Box 268816, Oklahoma City, OK 73126-8816**

**\*NOTE: All Fees submitted are NON-Refundable**

**Total Enclosed \$**\_\_\_\_\_