Oklahoma State
Department of Health
Creating a State of Health

NURSE AIDE REGISTRY
PO Box 268816
Oklahoma City, OK 73126-8816
Tel. (405) 271-4085
Toll Free (800) 695-2157

TRAINING EXCEPTION APPLICATION

OAC 310:677-1-3

This form is to be used for the purpose of testing only, for RN/LPN students who have had equivalent training, for placement on the Oklahoma Nurse Aide Registry.

Applicant for training exception must have completed training in a qualifying nursing field. Applicants requesting to test must have a copy of an official transcript, documenting classroom and clinical training equal to or greater than the classroom and clinical training as required by the Oklahoma Administrative Code at 310:677-1-3(e).

Please check the type of certification you are requesting. If approved, you are eligible to test for placement on the Nurse Aide Registry. (To test for CMA, you must be currently certified as a LTCA, HHA, or DDDCA, and meet the eligibility requirements. Please sign the appropriate Affirmation, which is attached.)

- ☐ LTCA Long Term Care Aide **(No Fee Required)**
- ☐ ADC Adult Day Care Aide
- ☐ HHCA Home Health Care Aide
- ☐ RCA Residential Care Aide
- ☐ DDDCA Developmentally Disabled Direct Care Aide
- ☐ CMA Certified Medication Aide

Please include the following:

- ☐ A copy of a photo identification i.e.: drivers license, student ID, state issued ID **OAC 310:677-1-3(c)**
- ☐ A copy of your Transcript from an approved RN or LPN program **OAC 310:677-1-3(c)(3)**
- ☐ A **Non-Refundable** $15.00 processing fee for HHA, DDDCA, ADCA, RCA, and CMA **OAC 310:677-1-3(f)(3)**
- ☐ The Curriculum Attachment, (Certified Nurse Aide or CMA) to verify required and equivalent training **OAC 310:677-1-3(c) .**
- ☐ Affirmation and Oath of Truthfulness Attachment (CNA Affirmation **OR** CMA Affirmation)

I am currently attending a ☐ RN program ☐ LPN program. Graduation date: _____

Nursing Student's Name: (Please Print) _____Date of Birth_____

Address: _____

City State Zip

Phone #: ( ) _____ Social Security #:_____

Nursing Student's Signature: _____ Date: _____

Please attach this form with the requested documents and the $15.00 Non-refundable processing fee (No fee for LTC), and mail to the Oklahoma State Health Department at the above address.