

**FEEDING ASSISTANT REGISTRATION APPLICATION****\*\*ALL SECTIONS MUST BE COMPLETED IN FULL FOR APPLICATION TO BE PROCESSED\*\*****Section 1 - Purpose**

This application is submitted to the Oklahoma State Department of Health to register an individual as a feeding assistant in compliance with 1) O.S. § 63-1-1951 2) OAC 310:675-19 and 3) 42 CFR Parts 483 & 488.

**Section 2 – Feeding Assistant – Information**

_____/_____/_____ <b>Date of Birth</b>		_____/_____/_____ <b>Social Security Number</b>	
_____ <b>First</b>	_____ <b>MI</b>	_____ <b>Last</b>	
_____ <b>Current Mailing Address</b>		_____ <b>City</b>	_____ <b>State</b>
		_____ <b>Zip</b>	
_____ <b>E-mail address</b>		_____ <b>Telephone Number</b>	

**Section 3 – Training Information**

Attach a Copy of the signed Certificate of Completion showing the hours completed in the following curriculum

- ☐ **Nutrition Care Manual, by The Academy of Nutrition and Dietetics**
- ☐ **How to be a Feeding Assistant: A Quality Approach to Assisted Dining, by the American Health Care Association**
- ☐ **Assisting with Nutrition and Hydration in Long Term Care, by Hartman Publishing, Inc**

**Section 4 – Affirmation**

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

**X** \_\_\_\_\_  
Signature of Feeding Assistant

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

**Feeding Assistant Registration Application and \$10 registration fee may be submitted via mail:**

**NAR-OSDH  
P. O. Box 268816  
Oklahoma City,  
OK 73126-  
8816**

Make check/money order payable to: **OSDH/Nurse Aide Registry**