

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

____ / ____ / ____
Date of Birth

____ / ____ / ____
Social Security Number

First _____ MI _____ Last _____

Current Mailing Address _____ City _____ State _____ Zip _____

E-mail address _____ Telephone Number _____

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**