

Certified Medication Aide Retest Application OAC 310:677-1-3(g)

Section 1 – Certified Medication A If your CMA certification has been expired for		ou have been expired for three (3) years	or longer you must retrain.
CMA Retest - \$15 Fee Require	d Original Expiration Date:		
Reason for Retesting			
☐ Expired over one (1) year, but no mo	re than three (3) years.		
☐ Did not take Continuing Education U	pdate class before expiration or within	one (1) year of expiration.	
You are a nurse aide currently certified in (please select ALL appropriate certification(s)):			
☐ LTC — Expiration Date:	☐ HHA – Expiration Date:	☐ ICF/IIDCA – Expirati	ion Date:
Section 2 - Personal Information			
	// Date of Birth	Social Security Numl	ber
	MI	Last	
**If you have had a <u>name change</u> sinc	e your last renewal, please include a ce	ertified copy of the marriage license o	r other court document
which reflects the change of name whe			
Current Mailing Address	City	State	Zip
E-mail address If this application is approved, you wi			ne Number
choice. The original letter MUST be poretest approval letter will not be reiss Upon completion of your test the testing	resented to the testing site before you ued.	ou will be authorized to take the ex	aminations. Duplicate
added to the database. If you have any ques	stions, please call our office at (405) 42	6-8150 or by email at nar@health.o	k.gov
Section 3 - Attestation for CMA Retes Please verify that the information pro- not renew the certification of a medic facility or the Oklahoma State Departs Section 3 - Attestation for CMA Retes	vided is correct. The Oklahoma Stat ation aide who intentionally provide		
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☐ Yes ☐ No I have the phys	ical and mental capability to safely per	form the duties of a nurse aide.	
Section 4 – Affirmation I affirm the inforn	nation on this form to be true and	correct to the best of my know	rledge.
X	1 1		_
Signature of Nurse Aide	Date Na	me of most recent Facility/Agency whe	ere employed – Phone
Make check/money order payable to:	OSDH/Nurse Aide Registry NAR-OSDH, PO Box 268816, Oklah Refundable	oma City, OK 73126-8816 Total Enc	losed \$