

## Training Exception Application OAC 310:677-1-3(c)

The Department shall grant an exception to the nurse aide training requirements in OAC 310:677-9-4 for home health aides, 310:677-11-4 for long term care aides, 310:677-13-4 for certified medication aides, 310:677-15-3 for intermediate care facility for individuals with intellectual disabilities care aides, 310:677-17-3 for residential care aides and 310:677-19-3 for adult day care aides, and allow an individual to sit for the competency examination if the individual submits all information specified on the Training Exception Application.

Section 1 - Check the type(s) of Nurs you to sit for the exam(s).	e Aide Certification(s) you are	requesting. If you are appro	ved, a letter will be e-mailed allowing
□ 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*			
Per OAC 310:677-13-8(a) <b>prerequisites for CMA certification</b> are 1) Minimum age: 18; 2) Minimum education: high school or general equivalency diploma; 3) Current Oklahoma nurse aide certification with no abuse notations; 4) Experience working as a certified nurse aide for six months and 5) Physical and mental capability to safely perform duties.			
□ CMA (Certified Medication Aide) - \$15 Fee*			
Section 2 – Please include the followi	ng:		
☐ A copy of official transcript documenting classroom and clinical training equal to or greater than the classroom and clinical training as prescribed in OAC 310:677-1-3(c)(3)			
□ A <b>Non-Refundable</b> \$15.00 processing fee for <u>each</u> certification selected (HHA, ICF/IIDCA, ADCA, RCA and CMA)			
Continue 2 Demonstrate la la formaction			
Section 3 - Personal Information			
	Date of B	rth Social Se	curity Number
First	MI	Last	
Current Mailing Address	City	State	Zip
E-mail address		Telephone Number	
	A 66:	ation .	
Affirmation I affirm the information on this form to be true and correct to the best of my knowledge.			
X		1 1	, ,
Signature of Applicant			<del></del>
LTC Only - NO Fee required: Email: nar@	health.ok.gov or Mail: NAR-OSDH	PO Box 268816. Oklahoma City (	DK 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 \$	