

Oklahoma State Department of Health • Nurse Aide Registry Tracking Form

1000 N.E. 10th Street • Oklahoma City, OK 73117-1299 • Telephone: (405) 271-4085

Submit this form to the Nurse Aide Registry, within 30 days of applicant's employment start date.

Personal Information

Name: _____
(Last) (First) (Middle) (Maiden or Any Other)

Address: _____ Social Security Number: _____
(Street or P.O. Box) (City) (State) (Zip)

Date of Birth: _____ Sex: _____ M _____ F Race: _____ Daytime Phone Number: _____

Previous CNA Training - Complete this section only if you will require training at this place of employment.

If you have had CNA Training in the past for any of the categories of LTC, HHA, ADA, RCA or DDA, please fill out the following:

Category: _____ Employer Name: _____ Number of Training Days: _____
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Criminal Arrest Check List

Employment at this employer shall **not be** considered if the below signed individual has been convicted of one of the following crimes as stated by Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section):

- | | |
|--|--|
| A. Assault, battery or assault and battery with a dangerous weapon | I. Abuse, neglect or financial exploitation of any person entrusted to his care or possession |
| B. Aggravated assault and battery | J. Burglary in the first or second degree |
| C. Murder or attempted murder | K. Robbery in the first or second degree |
| D. Manslaughter except involuntary manslaughter | L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm |
| E. Rape, incest or sodomy | M. Arson in the first or second degree |
| F. Indecent exposure and Indecent exhibition | N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act. |
| G. Pandering | O. Grand larceny, or |
| H. Child abuse | P. Petit larceny or shoplifting within the past seven (7) years. |

It is further understood that if I am hired, it will be as a temporary employee until my criminal background check is received by the employer. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

I hereby certify that I have no previous convictions as listed in the Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Department of Health and the Oklahoma State Bureau of Investigations authority to proceed with criminal record history checks as required by law.

Signature of Applicant

Date of Signature

This section to be completed by the employer. Please do not detach this section, submit the whole page to the department.

Employer/Applicant Information

Employment Start Date: _____

- The applicant is: A Certified Nurse Aide in the state of Oklahoma
 Providing services as a Personal Care Assistant in a Medicaid-certified home health agency.
 Enrolled in a training program – Training Start Date: _____
(The training date must be supplied unless applicant is certified or a PCA)

Employer Name: _____ Employer Type: _____

Employer Address: _____ Phone Number: _____