



D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP
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*Innovative, quality technology solutions
 throughout the United States since 1985.*

**OKLAHOMA
 LONG TERM CARE WITH HOME HEALTH DEEMING APPLICATION FOR CERTIFICATION BY EXAMINATION
 Form 1101KC**

CANDIDATE INFORMATION (PLEASE PRINT)

Social Security Number _____ - _____ - _____ Email Address _____

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ Date of Birth ____/____/____

Gender Male Female Education Level 9 10 11 HS BA

Race Asian Black Hispanic Native American Caucasian Other _____

PLEASE CHECK THE TEST (S) YOU ARE REQUESTING

Written Test Skills Test Both Written and Skill Tests

ADA (for ADA complete form 1404KC and attach to this application - includes extra processing time for ODH approval)

Employed At Facility Name _____ since ____/____/____

Address _____ City _____ State _____ Zip _____

TRAINING INFORMATION

I have successfully completed an Oklahoma Department of Health approved Long Term Care with Home Health Deeming Training Program within the last twenty-four months. Attach copy of your training certificate.

I am enrolled in an approved pre-licensure program of nursing education (RN or LPN) or I am a graduate of a foreign nursing education program. Enclosed is my approval letter from the Oklahoma State Department of Health approving me to take the Oklahoma home health aide test. Contact OSDH at 800-695-2157 for more information.

My Oklahoma HHA certification expired within the past thirty-six months and I have enclosed my approval letter from the Oklahoma State Department of Health approving me to take the Oklahoma Long Term Care with Home Health Deeming examination. Contact OSDH at 800-695-2157 for more information.

CANDIDATE MUST SIGN AND DATE

I hereby declare that the above supplied information is complete and accurate to the best of my knowledge and understand by signing this application I will be scheduled for a test and responsible for all testing fees. I will notify HEADMASTER immediately when any of the above supplied information changes.

RESCHEDULE / CANCELLATION / NO SHOW POLICY: Reschedules will be charged at the rate of \$35 for each reschedule and must be requested prior to the business day (excluding Saturdays, Sundays and Holidays) preceding a scheduled test day. A cancellation request must be made prior to the business day preceding a scheduled test day and will qualify for a full refund minus a \$25 cancellation fee. Candidates that NO SHOW for the scheduled test will forfeit their test fee and MUST apply for a new test date and pay another test fee. These fees partially offset HEADMASTER costs incurred for services requested and resulting work that is performed.

Candidate Signature _____ Date ____/____/____