

**Uniform Employment Application for Nurse Aide Staff
ODH Form # 805 – Instructions for Use**

Purpose:

This form is to be used as the only application for the employment of nurse aide staff in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies as mandated by House Bill 2019. This content of this form shall not be altered.

Use:

Instructions:

- This form is to be provided to all applicants seeking employment as a nurse aide. The form may be duplicated as needed.
- The employer should instruct the applicant to complete the form with all information requested.
- The applicant's signature and date must be obtained on pages 4 and 5.
- The employer must submit a copy of page five (5) of the application to OSDH within 30 days of employment of the applicant as a nurse aide. The original of this page should be retained with the application and filed according to the employer's procedure. Failure to complete this page will require that the page be returned to the employer for completion. Note: the applicant's signature and date of signature must be obtained on this page prior to submission of the form to OSDH.
- Specific instructions for completing page five (5) follows:
 - Personal Information:** Instruct the applicant to complete the information requested in this section.
 - Previous CNA Training:** Instruct the applicant to complete this section if the applicant will require training at this place of employment.
 - Category:** Applicant must list any type of CNA training received in the past by type of training: Long Term Care (LTC), Home Health Aide (HHA), Adult Day Care (ADC), Residential Care Aide (RCA) and Developmental Disability Aide (DDA).
 - Employer Name:** The applicant should list the employer name where the training was received.
 - Training Days:** The applicant should list the number of days they were in training for each employer.

Criminal Arrest Checklist: The employer should instruct the applicant to read this section and provide signature and date in the designated spaces.

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Employer/applicant Information: The employer must complete this section with the requested information.

Employment Start Date: Enter the date the applicant is hired and will begin work as a nurse aide.

The applicant is: Check the appropriate box – A Certified Nurse aide in the state of Oklahoma, Personal Care Assistant in a Medicaid-certified home health agency or Enrolled in a training program and fill in the Training Start Date.

Employer Name: Enter the employer's name

Employer Type: Enter the type of facility/agency e.g. nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies.

Employer Address: Enter the employer's address

Employer Phone Number: Enter the employer's phone number

A copy of page five (5) must be submitted to OSDH for all applicants hired by the employer within 30 days of employment date of the applicant. The form should be mailed to the address listed below.

**Oklahoma State Department of Health
Nurse Aide Registry
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299**

Information regarding ADA requirements:

The employer will note that there is no information requested on the Uniform Application for the Hiring of Nurse Aide Staff regarding the Americans with Disabilities (ADA) accommodation. However, it should be noted that any qualified applicant with a disability may request reasonable accommodation to complete the application/interview process. The specific nature of the accommodation requested and the reason for the request must be indicated at the time the application is requested or when a written request is submitted. This notice should occur with the job announcement. All other ADA requirements related to the hiring process must be met according to the employer's procedure and in compliance with the ADA.