Oklahoma State Department of Health
Nurse Aide Registry
P.O. Box 268816
Oklahoma City, OK 73126-8816
Telephone: (405) 426-8150
FAX: (405) 900-7572

TRAINING PROGRAM UPDATE

*CONTACT INFORMATION:

Name of Program: _____

Facility Address: _____

Facility County: _____ **Administrator:** _____

Facility Phone Number: _____ **Administrator Phone Number:** _____

Administrator Email: _____

*PROGRAM INFORMATION:

Program Number: _____ **Origination Date:** _____ **Close Date (if applicable):** _____

Program Type: *LTCNA CMA CMA/CEU CMA/GM CMA/IA CMA-R/G/RG HHA DDDC ADC RCA*

RN Coordinator/Supervisor: _____

Instructors & Qualifications (attach second sheet if necessary):

    1. _____

    2. _____

    3. _____

Clinical Sites Utilized (attach second sheet if necessary):

    1. _____

    2. _____

    3. _____

Location of Course Records: _____

How often are courses taught? _____**Average number of students per class?** _____

Testing Facility/Company: _____