

Oklahoma Association of Health Care Providers
200 NE 28th Street
Oklahoma City, OK 73105
Phone: 405-524-8338 / Fax: 405-524-8354

REQUEST FOR DUPLICATE CERTIFICATE

Instruction: To receive a duplicate copy of your certificate, please complete the following three sections:

Section I – Identification (please print)

First Name Middle Maiden Last

Last Name when attended class _____

(_____) (_____) _____
Area Code Phone Area Code Cell phone

Mailing Address City State Zip

Section II – Certificate Request – Check Certificate Requested (must supply expiration date)

____ AD/SSD – (September 1995 Forward)
____ CMA Certification – (July 1995 to May 2009) CMA # _____ Current
Expiration Date _____
____ CMA CEU – CMA # _____ Current Expiration Date _____
____ Restorative Aide – (April 1999 Forward) – CNA # _____ Current
CNA Expiration Date _____

Section III – Verification

Approximate dates class was attended: _____

Employing Facility and Town (at time you attended class): _____

****Send \$10 money order or facility check with this form to the address shown above: (Absolutely NO personal checks). If paying by credit card fax information to: 405-524-8354.**

Credit Card Information:

____ Visa ____ Master Card ____ American Express ____ Discover

Card # _____ Expiration Date: _____

Name on Card : _____ Signature of Cardholder: _____

*******Please allow two weeks for certificate to be mailed*******