

Health Certification Project

AUTHORIZATION TO RELEASE TEST RESULTS

Passing results on the nurse aide certification examinations are forwarded to the Oklahoma State Department of Health for inclusion on the Oklahoma Nurse Aide Registry.

I, _____, authorize the Health Certification Project to
(Candidate's Name)
release my nurse aide certification test results to _____
(Name of Individual)
from _____.
(Organization/Facility)

Candidate's Name: _____

Candidate's Address: _____

Candidate's City/State/Zip: _____

(Candidate's Signature)

(Date)

Name of Witness: _____

Witness Signature: _____

Notary Seal/Stamp
(Required for mail requests)

NOTE: For requests made in person, the HCP test center coordinator must witness the Candidate's Signature on this form. Mail requests must have the Candidate's Signature notarized by an Oklahoma Notary Public. Mail requests may be sent to:

Health Certification Project
c/o Oklahoma Dept. of CareerTech
1500 W. Seventh Avenue
Stillwater, OK 74074