Health Certification Project

AUTHORIZATION TO RELEASE TEST RESULTS

Passing results on the advanced unlicensed assistant certification examinations are forwarded to the Oklahoma Board of Nursing for inclusion on the Advanced Unlicensed Assistant Registry.

I, ________________________, authorize the Health Certification Project to release my advanced unlicensed assistant test results to _____________________________

from ________________________.

(Candidate’s Name) (Name of Individual) (Organization/Facility)

Candidate’s Name: _________________________________
Candidate’s Address: _______________________________
Candidate’s City/State/Zip: ___________________________

______________________________  _______________________
(Candidate’s Signature)  (Date)

Name of Witness: _________________________________
Witness Signature: ________________________________

Note: A Health Certification Project test site coordinator must witness Candidate’s Signature on this Authorization to Release Test Results.

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

Revised November 1, 2005