

Notice to Applicant: The Nursing Home, Continuum of Care and Assisted Living and Residential Care Act, requires the applicant to provide, under oath, true and complete information regarding the facility and the applicant. Willfully filing false, incomplete, or misleading information is a misdemeanor subject to prosecution by the District Attorney or the Attorney General. In addition, any person willfully providing false, incomplete, or misleading information is subject to a penalty and suspension, non-renewal or revocation of the facility's license.

By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief and also to certify that I am not less than twenty-one (21) years of age; of reputable and responsible character; in sound physical and mental health; have not been convicted of a felony in connection with the management or operation of a home, or facility as defined in Section 1-1902 of Title 63 or in the care and treatment of the residents of a home, or facility as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes. If the applicant is a firm, partnership, or corporation, the applicant shall not be eligible to be licensed if any member of the firm or partnership or any officer or major stockholder has been convicted of a felony as cited in the above-mentioned law.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____.

Name(s) of person(s) making statement.

Seal or Stamp

Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____