"Directions"

Interstate Endorsement
Minnesota Nursing Assistant Registry

Please follow directions carefully. Incomplete forms will delay your transfer to the MN Registry and be returned to you.

1.) Complete section A-1 and send to the state where you are currently registered as a Nurse Aide. A list of Nurse Aide Registries are listed on the reverse side. DO NOT SEND SECTIONS A-1 & A-2 TO THE MN REGISTRY UNLESS YOU ARE TRANSFERRING FROM THE STATE OF CALIFORNIA, NORTH CAROLINA, ILLINOIS, COLORADO OR MISSOURI.

2.) Complete section B-1 and send to your last/current employer in the state you are currently registered in. DO NOT SEND SECTIONS B-1 & B-2 TO A MN EMPLOYER.

Please check with the registry in the state where you are currently registered, because they may require a processing fee.

There is NO PROCESSING FEE for the Minnesota Registry.

Your name will be put on the Minnesota Nursing Assistant Registry and you will be notified by mail when the following conditions have been met:

Your forms are received from the nurse aide registry and your present/past employer in the other state, and all information is correct and verified.
<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
</table>
| ALABAMA       | AL Dept of Public Health NAR-Div of HCF  
PO Box 303017  
Montgomery, AL 36130-3017  
(334) 206-5169 |                                                   |
| GEORGIA      | GA Health Partnership  
Nurse Aide Program  
PO Box 7000  
McRae, GA 31055-7000  
1-800-441-3196  
(678) 527-3010 |                                                   |
| HAWAII       | Nurse Aide Program  
Dept of Commerce & Consumer Affairs  
PO Box 3469  
Honolulu, Hawaii 96801  
(808) 739-8122 |                                                   |
| IDAHO        | Idaho NAR  
PO Box 83720  
Boise, ID 83720-0036  
(208) 334-6620  
(800) 748-2480 |                                                   |
| ILLINOIS     | MN Dept of Health  
Nursing Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501 |                                                   |
| INDIANA      | IN Dept of Health  
NA Registry  
2 North Meridian St.  
Indianapolis, IN 46204  
317-233-7442  
1-800-246-8909 |                                                   |
| KANSAS       | Health Oec. Credentialing  
Dept of Health & Environment  
Landon State Office Bldg.  
Des Moines, IA 50319-0083  
(515) 281-4963 |                                                   |
| KENTUCKY     | KY Nurse Aide Registry  
Board of Nursing  
312 Whittington Parkway  
Suite 300-A  
Louisville, KY 40222  
(502) 429-3347 |                                                   |
| LOUISIANA    | LACNA Registry for Nursing Facility Admin.  
Nurse Aide Registry  
5647 Superior Dr.  
Baton Rouge, LA 70816  
(225) 295-8575 |                                                   |
| MAINE        | Maine Reg of Cert. NAS  
442 Civic Center Drive  
Augusta, Maine 04333-0011  
(207) 287-9310 |                                                   |
| MARYLAND     | PearsonVue/Nurse Aide Registry  
3 Balia Plaza West, Suite 400  
Bala Cynwyd, PA 19004  
1-877-847-0626  
410-585-1990 |                                                   |
| MASSACHUSETTS| MA Dept of Public Health  
Div. of Health Care Quality  
99 Chauncy Street, 2nd Floor  
Boston, MA 02111  
(617) 753-8000 |                                                   |
| MICHIGAN     | Prometric  
Att’n: Michigan Nurse Aide Registry  
2000 Lenox Drive  
Lawrenceville, NJ 08648  
1-800-748-0252 |                                                   |
| MISSISSIPPI  | PearsonVue/Nursing Assistant Registry  
3 Balia Plaza West, Suite 300  
Bala Cynwyd, PA 19004  
1-800-204-6215 |                                                   |
| MISSOURI     | MN Dept of Health  
Nurse Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501 |                                                   |
| MONTANA      | MT Dept of Public Health & Human Svcs.  
Certification Bureau  
PO Box 202953  
Helena, MT 59620-2953  
(406) 444-4980 |                                                   |
| NEBRASKA     | NE Health & Human Svcs.  
Dept of Regulation & Licensure  
P.O. Box 4986  
Lincoln, NE 68509-4986  
(402) 471-0537 |                                                   |
| NEVADA       | NV State Board of Nursing  
2500 W Sahara Ave., Suite 207  
Las Vegas, NV 89102-4392  
(702) 486-5800  
1-888-590-6726 |                                                   |
| NEW HAMPSHIRE| NH Board of Nursing  
21 South Fruit Street  
Suite 15  
Concord, NH 03301-2431  
(603) 271-6282 |                                                   |
| NEW JERSEY   | PearsonVue/Nursing Assistant Registry  
3 Balia Plaza West, Suite 300  
Bala Cynwyd, PA 19004  
1 (800) 274-8970 |                                                   |
| NEW MEXICO   | New Mexico NAR  
2040 Pacheco St.  
Second Floor – Rm 413  
Santa Fe, NM 87505  
(505) 476-9040 |                                                   |
| NEW YORK     | Thomas Prometric  
2000 Lenox Drive, #300  
Lawrenceville, NJ 08648  
1-800-321-6443 |                                                   |
| NORTH CAROLINA| MN Dept of Health  
Nurse Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501 |                                                   |
| NORTH DAKOTA | Div. of Health Facilities  
600 East Blvd. Avenue  
Dept 301  
Bismarck, ND 58505-0200  
(701) 228-2353 |                                                   |
| OHIO         | Ohio Department of Health  
Nurse Aide Registry  
246 North High Street  
1st Floor  
Columbus, OH 43215-2412  
(614) 752-9500 |                                                   |
| OKLAHOMA     | OK Department of Health  
Nurse Aide Registry  
1000 NE 10th Street  
Oklahoma City, OK 73117  
(405) 271-4065  
1-800-695-2157 |                                                   |
| OREGON       | OR Board of Nursing  
19738 SW Upper Boones Ferry Road  
Portland, OR 97224-7012  
Verification: (971) 673-0679  
(971) 673-0685 |                                                   |
| PENNSYLVANIA | PA Board of Nursing  
5305 Mayland Drive, #300  
Richmond, VA 23223  
(804) 662-7310 |                                                   |
| TEXAS        | TX Dept of Human Services  
P.O. Box 149030  
Mail Code E-414  
Austin, TX 78714-9030  
(512) 331-5829  
1-(800) 452-3934 |                                                   |
| WEST VIRGINIA| Board of Nursing  
Office of Professional Reg.  
81 River Street  
Montpelier, VT 05609-1106  
(802) 288-2819 or 828-2453  
(802) 288-2396 |                                                   |
| VIRGIN ISLANDS| Board of Nurse Licensure  
P.O. Box 4247, Veterans Drive  
St. Thomas, Virgin Islands |                                                   |
| WASHINGTON  | AASA/RCSD  
OBRA – Nurse Aide Registry  
640 Woodland Square Loop SE  
P.O. Box 45600  
Olympia, WA 98504-5600  
(360) 725-2597 |                                                   |
| WISCONSIN   | WI Nurse Aide Registry  
P.O. Box 13785  
Philadelphia, PA 19101-3785  
(1-800) 552-0518 |                                                   |
| WYOMING     | WY Board of Nursing  
1810 Pioneer Avenue  
Cheyenne, WY 82002  
(307) 733-7601 |                                                   |
### Application for entry on the Minnesota Nurse Aide Registry by Interstate Endorsement

**Section A-1 -- Applicant Information**

Nurse aide will complete this section.

MN. Stat. 270.72, subd 4 requires you to provide your social security number on this application. Your Social Security number is your nursing assistant certificate number and is used for identification purposes. Your social security number will be kept private. Prospective employers who provide your social security number to the Registry receive verification of your status on the registry. Failure to provide your social security number may result in misidentification.

You are also required by 42 CFR 483.156 to provide certain identifying information on this application such as name, address, birth date and telephone number. Your name and address are public information. The other identifying information, except for your social security number, will become public after you receive your certificate. If you do not supply adequate identifying information, you may not be eligible for placement on the registry.

**Instructions:**
- Complete Section A-1 (print or type).
- Sign at the bottom to verify the information is true and correct.
- **Please Note:** You are ineligible to work in a Minnesota nursing facility until your request has been approved and you have been entered into the Registry.
- Attach a photocopy of your official social security card.
- Send this form to the State you are coming from so they may complete Section A-2 (State Nurse Aide Registry Information). However, if you are transferring from CA, NC, IL, CO or MO send this form back to the Minnesota Nurse Aide Registry.

#### Name (last, first, middle) (no initials)

#### Maiden Name (if applicable)

#### Social Security Number (attach copy)

#### Date of Birth (mm/dd/yy)

#### (Area Code) Telephone Number

#### Current Mailing Address (street, post office box, rural route, etc.)

#### Apartment #

#### City

#### State

#### Zip Code

#### NA Training Program Completion Date (mm/dd/yy)

#### NA Certificate Issue Date(s) (mm/dd/yy)

#### State(s) Where Issued

I authorize any state Nurse Aide Registry Department to furnish the MN Department of Health, Nursing Assistant Registry the information that they request.

Signature of Nurse Aide

Today's Date

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### Section A-2 -- State Nurse Aide Registry Information

The State you are coming from will complete this information.

**Instructions:**
- Please do not remove attached documents.
- Check or complete all items that apply.
- Affix official agency stamp or seal.
- Have authorized person sign and date the bottom of Section A-2.
- Return this request to the Minnesota Nursing Assistant Registry at the address above (do not return to the nurse aide).

- The nurse aide identified in Section A-1 is **NOT listed** on our State Nurse Aide Registry.
- The nurse aide identified in Section A-1 has met the Omnibus Budget Reconciliation Acts of 1987 and 1989 requirements to work in a Nursing Home or Certified Boarding Care Home and was initially placed on our Registry on:

  - NA Competency Evaluation Date:
  - Expiration date:

  - The method of registration was: □ examination □ deemed/grandfathered □ reciprocity from:

  - Does the nurse aide's record contain a substantiated finding of abuse, neglect, or misappropriation of a resident's property?
    - □ Yes (please attach copies of the documentation)
    - □ No

Signature of State Nurse Aide Registry Representative

Title

Agency

State

Date

Affix State Stamp or Seal here.
# Employment Verification for Interstate Endorsement

**Section B-1 -- Applicant Information (nurse aide will complete this section)**

MN. Stat. 270.72, subd 4 requires you to provide your social security number on this application. Your Social Security number is your nursing assistant certificate number and is used for identification purposes. Your social security number will be kept private. Prospective employers who provide your social security number to the Registry receive verification of your status on the registry. Failure to provide your social security number may result in misidentification.

You are also required by 42 CFR 483.156 to provide certain identifying information on this application such as name, address, birth date and telephone number. Your name and address are public information. The other identifying information, except for your social security number, will become public after you receive your certificate. If you do not supply adequate identifying information, you may not be eligible for placement on the registry.

**Instructions:**
- Complete Section B-1 (print or type) AND sign at the bottom to verify that the information is true and correct.
- **Attach** a photocopy of your last paycheck stub or W-2 form from your current/former employer in the state where you work/worked as a nurse aide and are currently registered.
- Then send this form to your current/former employer in the other state so they can complete Section B-2 (Employment Verification). If there has been a gap of more than two years in your employment as a nurse aide, you must be retrained and retested, or retested. In order to maintain active status as a nurse aide, you must work 8 hours of paid work as a nurse aide at least once every 24 months from your certificate issue date to the present.
- **I understand that I must keep my employment status current because two years after my last recorded employment verification, my certification will automatically expire.**

<table>
<thead>
<tr>
<th>Name (last, first, middle) (no initials)</th>
<th>Maiden Name (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Date of Birth (mm/dd/yy)</td>
</tr>
<tr>
<td>Current Mailing Address (street, post office box, rural route, etc.)</td>
<td>Apartment #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**I authorize any facility/agency I am/was employed at to furnish the MN Department of Health, Nursing Assistant Registry the information that they request.**

**Signature of Nurse Aide**

**Today's Date**

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**Section B-2 -- Employment Verification**

**Instructions:**
- Section B-2 must be completed by the nursing facility worked at but cannot be completed by a temporary agency. You must attach a copy of the job description if not working at a nursing home or home health agency.
- Complete the following information (print or type) and mail this form to the Minnesota Nursing Assistant Registry at the address listed above (do not return to the nurse aide). PLEASE DO NOT REMOVE ATTACHED DOCUMENTS.

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Facility address (street, city, state, and zip code):</th>
<th>Telephone Number: (______)</th>
</tr>
</thead>
</table>

I certify that the nurse aide named above did work as a paid nurse aide or performed nurse aide duties (ADL's) from until and that I am not aware of any substantiated findings.

**Comments:**

<table>
<thead>
<tr>
<th>Signature of DON or Designee</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>