



# Submitting Your Interstate Endorsement Application

Minnesota Nurse Aide Registry Tutorial

<https://nar.web.health.state.mn.us/>

## MINNESOTA NURSE AIDE REGISTRY

Sign in to your account

Email

Password

[Forgot Password?](#)

New user? [Register](#)

- Welcome to the Minnesota Nurse Aide Registry:  
<https://nar.web.health.state.mn.us/>
- To submit your Interstate Endorsement Application, first register yourself.
- Select “Register” at the bottom of the login screen.

# Register (cont.)

## MINNESOTA NURSE AIDE REGISTRY

### Register

First name

Last name

Email

Password

Confirm password

[« Back to Login](#)

Register

- Enter your first name and last name. Please note, names need to be capitalized.
- Enter your email to be used for login into the registry.
- Enter and confirm your password.
- Select “Register.”

# Registrant Type

## Register

I am seeking to register as a(n) :

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If you are a CNA and believe that the name or SSN in the certificate register is incorrect such that you cannot register, you will need to submit supporting documentation to correct these before registering. If your name has changed since you last certified, you may instead register using the name under which you last certified, then use the "Update Name" link in "My Information" to update the name associated with your certificate.

- Select the appropriate registrant type: Interstate Endorsement Candidate (nurse aides endorsing from another state)

# Step 1: Complete Personal Information

**Nurse Aide Interstate Endorsement Application**

1 Personal      2 Endorsement      3 Attachments      4 Affirmation

Personal Information

First Name REQUIRED      Middle Name      Last Name REQUIRED

Date of Birth REQUIRED      Social Security Number REQUIRED

Cell Phone Number REQUIRED      Email REQUIRED

Texting Preferences REQUIRED

Address:

Street Address REQUIRED

City REQUIRED      State REQUIRED      ZIP REQUIRED

Next

- Enter Personal Information: first name, last name, date of birth, and social security number. Please note, names need to be capitalized.
- Enter contact information: enter cell phone number and an email address you monitor frequently. MDH will communicate to you regarding updates and notices sent to you to log into the registry to view your message from MDH Staff.
- Select your Texting Preferences.
- Enter your mailing Address.
- Select Register.

# Step 2: Complete Endorsement Information

1 Personal 2 Endorsement 3 Attachments 4 Affirmation

### Interstate Endorsement Information

Please note: Your registration will be calculated on either your test results date or your most recent employment date, whichever is later.

**State** REQUIRED **State Certificate Number** REQUIRED

-- Please select an option --

Please indicate the state you are endorsing from.

**In the past 24 months, were you working at a facility in the state you are currently endorsing from?** REQUIRED

Yes  No

**Did you test within the past 24 months in the state you are endorsed by?** REQUIRED

Yes  No

**Back** **Next**

- Enter the state where you are endorsing from. Note: Your reported employment location must be in this same state.
- Enter your state certificate number.
- Indicate if you worked in the past 24 months at the facility you are currently endorsing from.
- Indicate if you tested within the past 24 months in the state you are endorsing from.

# Step 2: Enter Facility Information

Facility Name   I am working at this facility through a staffing agency.

**Facility Address:**

Street Address

Please include apartment number or PO Box number if relevant.

City  State  ZIP

[Back](#) [Next](#)

- Enter the facility information to match the paystub you are submitting. If your employment was through a staffing agency, check the box.
- Select Next.

# Step 3: Attach and Upload Documents

1 Personal 2 Endorsement 3 Attachments 4 Affirmation

Attachments

Attach Document(s)

The following attachments are REQUIRED:

- ✗ Paystub
- ✗ Nurse Aide Certificate
- ✗ Social Security Card
- ✗ Job Description

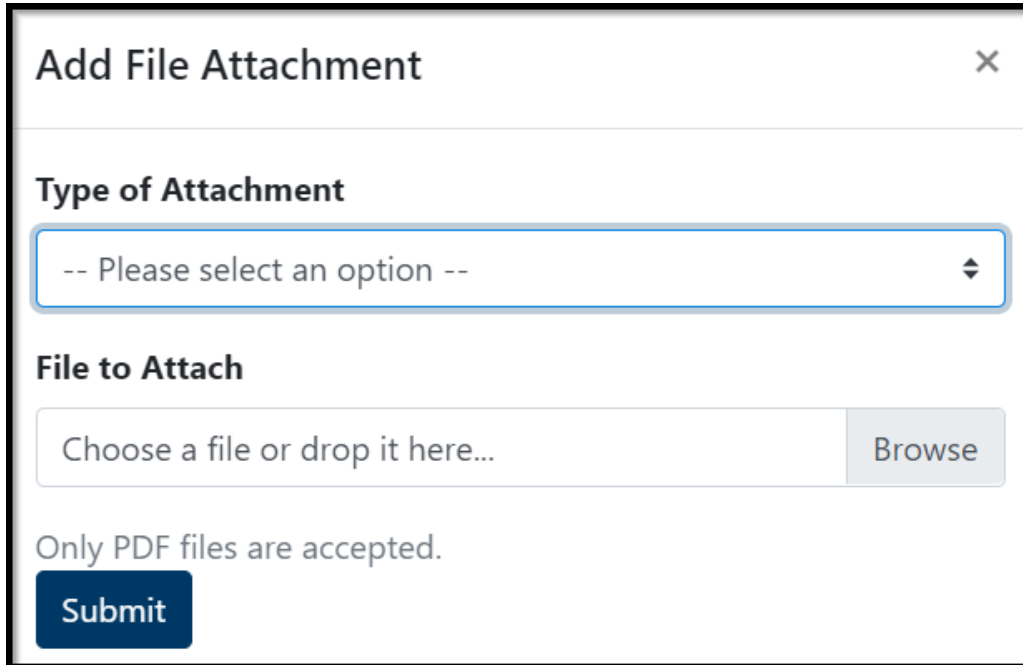
File Name	File Type	Actions
No Attachments Found.		

Back Next

- Attach and upload documents
- Only PDFs are only accepted. Other formats, such as photos (.jpeg, .jpg, .png) will not upload.
- Click Attach Document(s)



# Step 3: Attachments



Add File Attachment

Type of Attachment

-- Please select an option --


File to Attach

Choose a file or drop it here... Browse

Only PDF files are accepted.

Submit

- Type of Attachment: Select document type from the drop-down menu.
- File to Attach: locate or browse where the document is saved in your computer or phone, then click on Open.



Add File Attachment

Type of Attachment

Paystub

File to Attach

Paystub.pdf Browse

Only PDF files are accepted.

Submit

- You will now see the document attached.
- Select Submit to continue.

# Step 3: Attachments (cont.)

Attachments

[Attach Document\(s\)](#)

The following attachments are **REQUIRED:**

- Paystub
- Nurse Aide Certificate
- Social Security Card
- Job Description

File Name	File Type	Actions
No Attachments Found.		

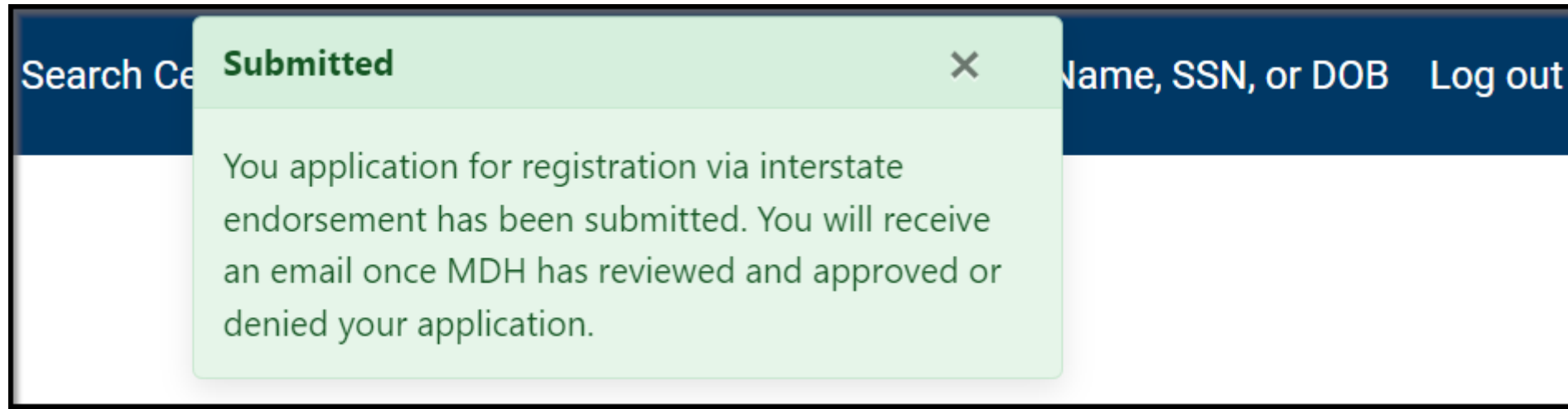
[Back](#) [Next](#)

- A green check mark indicates a successful upload of the document.
- Continue to attach and upload all required documents.
- Click Next once all documents have been uploaded.

# Step 4: Affirmation

The screenshot shows a four-step progress bar at the top: 1 Personal, 2 Endorsement, 3 Attachments, and 4 Affirmation. The 'Affirmation' step is highlighted with a dark blue circle. Below the progress bar is a section titled 'Applicant Affirmation' containing a text area with the following text: 'The information I have provided in this application is true and accurate to the best of my knowledge. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B. I understand that knowingly making a false statement on this application could be cause for denial, suspension or revocation of certification. I understand by signing this document, I give MDH the authority to contact any listed supervisor, employer or client submitted for use in verification of credentials.' Below the text are two input fields: 'Signature' with a 'REQUIRED' label and an empty text box, and 'Date' with a calendar icon, the value '1/17/2024', and the format 'Format: MM/DD/YYYY'. At the bottom are two buttons: 'Back' on the left and 'Finish' on the right.

- Enter your electronic signature and select Finish.
- If you need to correct the application, select Back.



- A successful acknowledgement will appear.
- If MDH has questions regarding your application, they will communicate through your NAR dashboard.
- You may monitor the review status of your application through your dashboard.
- Please allow 30 business days for MDH to review your application.

# Next Steps

- To remain on the Registry, you must work 8 hours of regular pay as a paid nurse aide in Minnesota over the last 24 months, on or before your expiration date.
- Once your application is approved by MDH staff, your dashboard will show the certificate number and expiration date.
- You cannot submit the Interstate Endorsement application if you have not worked or tested in the state from which you are endorsing during the last 24 months.
- MDH is currently working to allow for future attachments of jpeg, jpg files.
- If you were an active nurse aide on the registry at any point in time, please apply through the registrant type: Certified Nurse Aide and not through the Interstate Endorsement Candidate.
- If you wish to work as a nurse aide in Minnesota, you must pass the Minnesota knowledge test and skills test. For more information, visit the Nurse Aide Registry website: [Nurse Aide Registry - MN Dept. of Health \(state.mn.us\)](https://state.mn.us/nurse-aide-registry)
- If you have further questions, please contact the Minnesota Nurse Aide Registry at [health.fpc-nar@state.mn.us](mailto:health.fpc-nar@state.mn.us) or 651-201-4200.