



Protecting, Maintaining and Improving the Health of Minnesotans

NURSING ASSISTANT REGISTRY UPDATE

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, 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.

COMPLETE SECTION A AND SIGN THIS FORM AT THE BOTTOM. HAVE YOUR EMPLOYER COMPLETE SECTION B.

Applicant Information		SECTION A	
Social Security Number:	Legal Name (Last, First, Middle) <i>(No initials)</i> :		
Current Mailing Address <i>(include Apt. or Box Number)</i> :		City, State, Zip Code:	
Check if appropriate: <input type="checkbox"/> SOCIAL SECURITY # _____ The information provided above reflects a change in <input type="checkbox"/> NAME <input type="checkbox"/> ADDRESS		Phone Number <i>(include area code)</i> : () --	
Note: We will not process your name change unless you attach a photocopy of your marriage certificate, divorce decree or court order document. We will not process your social security number change/correction unless you attach a photocopy of your social security card.		EMPLOYMENT UPDATES FROM OTHER STATES WILL NOT KEEP YOUR MN REGISTRATION CURRENT	

IF YOU WORKED FOR A NURSING POOL, SECTION B MUST BE FILLED OUT BY THE NURSING FACILITY YOU WORKED AT. THIS FORM **CANNOT** BE COMPLETED BY THE TEMPORARY AGENCY.

Employment Information		SECTION B	
Provide the following information about your <u>past, present, or most recent</u> employment in <u>Minnesota</u> as a nursing assistant. Attach a copy of your job description from your employer if you are not working at a nursing home or certified home health agency. WE WILL RETURN YOUR FORM UNPROCESSED IF THIS IS NOT ATTACHED.			
<i>Do not verify employment until after this individual has actually worked for your agency/facility.</i> Name of Facility/Home Health Agency: Phone Number (include area code):		Specify the dept./area NA worked in:	
Current Address:	City:	Employment Start Date: (Month/Day/Year)	Actual Last Working Date: (Month/Day/Year/Current)
Name of Temporary Agency:		Worked through temporary Agency, please check this box <input type="checkbox"/>	
** Administrator or Director of Nursing completes the following information: By signing this, you are verifying that this individual, <u>is/was (circle one)</u> working at the above-named nursing facility/agency performing nursing assistant functions, and the employment dates above are correct.			
_____		_____	
Print Name (Admin. or Director of Nursing)		Signature (Admin. or Director of Nursing)	
		Date	

I certify that the above information is true and correct.
 Signature (Nursing Assistant) _____ Date _____