



Minnesota
Department
of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Interstate Endorsement Forms

Minnesota Nursing Assistant Registry

Please follow directions carefully. Incomplete forms will delay your transfer to the Minnesota Registry. All incomplete forms will be returned to the address you listed on the forms.

- 1)** Complete Section A-1 and send this form to the state registry from which you are transferring. For your convenience, a list of Nurse Aide Registries is on the reverse side.

Please Note: Complete Section A-1 and mail this form to the Minnesota Registry if you are transferring from one of the following states: **California, Colorado, Illinois, Indiana, Missouri or North Carolina.**

- 2)** Complete Section B-1 and send to your last/current employer in the state from which you are transferring.

Please check with the registry in the state you are transferring from to ask if that state has a processing fee.

You will be mailed a Verification of Registration letter when you are placed on the Minnesota Nursing Assistant Registry. This letter will be mailed to the address you listed on the forms.

NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

ALABAMA

AL Certified NA Registry
RSA Tower, Suite 700
201 Monroe St
Montgomery, AL 36104
(334) 206-5169

ALASKA

Nurse Aide Registry
Department of Community and
Economic Development
Div of Occupational Licensing
550 W. 7th Ave., Suite 1500
Anchorage, AK 99501
(907) 269-8169

ARIZONA

Arizona Board of Nursing
Nurse Aide Registry
4747 North 7th Street
Suite 200
Phoenix, AZ 85014
(602) 771-7800

ARKANSAS

Office of Long Term Care
PO Box 8059, Slot 405
Little Rock, AR 72203-8059
(501) 682-8484

CALIFORNIA

SEND TO MINNESOTA
MN Dept. of Health
Nursing Asst. Registry
PO Box 64501
St. Paul, MN 55164-0501

Phone # for CA Registry:
(916) 327-2445

COLORADO

SEND TO MINNESOTA
MN Dept. of Health
Nursing Asst. Registry
PO Box 64501
St. Paul, MN 55164-0501

Phone # for CO Registry:
(303) 894-2430

CONNECTICUT

Dept. of Public Health, NAR
410 Capital Ave
PO Box 340308
Hartford, CT 06134-0308
(860) 509-7596

DELAWARE

Div. of Long Term Care
24 NW Front St
Milford, DE 19963-1463
(302) 577-6666

DIST. OF COLUMBIA

PearsonVue/Nurse Aide
Registry
PO Box 13785
Philadelphia, PA 19101-3785
1-888-274-6060

FLORIDA

FL Board of Nursing
Certified Nursing
Assistant Program
Bin #C-01
4052 Bald Cypress Way
Tallahassee, FL 32399-3263
(850) 245-4567
(850) 245-4125

GEORGIA

GA Medical Care Foundation
Nurse Aide Program
PO Box 105753
Atlanta, GA 30348
1-800-414-4358
(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
1-800-748-2480

ILLINOIS

SEND TO MINNESOTA
MN Dept. of Health
Nursing Asst. Registry
PO Box 64501
St. Paul, MN 55164-0501

Phone # for IL Registry:
(217) 785-5133

INDIANA

SEND TO MINNESOTA
MN Dept. of Health
Nursing Asst. Registry
PO Box 64501
St. Paul, MN 55164-0501

Phone # for IN Registry:
(317) 233-7442

IOWA

Dept of Inspections & Appeals
Health Facilities Division
NA Registry
Lucas State Office Bldg.
321 East 12th St
Des Moines, IA 50319-0083
(515) 281-4077

KANSAS

Nurse Aide Registry
Health Occ. Credentialing
1000 SW Jackson St
Suite 200
Topeka, KS 66612-1365
(785) 296-1240

KENTUCKY

KY Nurse Aide Registry
Board of Nursing
312 Whittington Parkway
Suite 300-A
Louisville, KY 40222
(502) 429-3347

LOUISIANA

LA CNA Registry
Nurse Aide Registry
PO Box 3767
Baton Rouge, LA 70821
(225) 342-0138

MAINE

Maine Reg. of CNAs
41 Anthony Avenue
State House Station 11
Augusta, Maine 04333
(207) 624-7300

MARYLAND

Board of Nursing
4140 Patterson Ave
Baltimore, MD 21215
(410) 585-2044

MASSACHUSETTS

Nursing Assistant Registry
MA Dept. of Public Health
Div. of Health Care Qlty.
99 Chauncy Street, 2nd Floor
Boston, MA 02111
(617) 753-8000

MICHIGAN

Prometric
Attn: Michigan Nurse Aide
Registry
7941 Corporate Dr
Nottingham, MD 21236
1-800-752-4724

MISSISSIPPI

PearsonVue/Nursing Assistant
Registry
PO Box 13785
Philadelphia, PA 19101-3785
1-800-204-6213

MISSOURI

SEND TO MINNESOTA
MN Dept. of Health
Nursing Asst. Registry
PO Box 64501
St. Paul, MN 55164-0501

Phone # for MO Registry:
(573) 526-5686

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
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-4971

NEVADA

NV State Board of Nursing
4220 S Maryland Pkwy, #300
Las Vegas, NV 89119
(702) 486-5800
1-888-590-6726

NEW HAMPSHIRE

NH Board of Nursing
121 South Fruit Street
Suite 16
Concord, NH 03301-2431
(603) 271-6282

NEW JERSEY

NJ NA Registry - PSI
3525 Quakerbridge Rd
#1000
Hamilton Township NJ 08619
1-877-774-4243

NEW MEXICO

New Mexico NAR
2040 S Pacheco St
Room 413
Sante Fe, NM 87505
(505) 476-9040

NEW YORK

NY Dept. of Health
Bureau of Prof. Credentialing
875 Central Ave
Albany, NY 12206
(518) 408-1297

NORTH CAROLINA

SEND TO MINNESOTA
MN Dept. of Health
Nursing Asst. Registry
PO Box 64501
St. Paul, MN 55164-0501

Phone # for NC Registry:
(919) 855-3969

NORTH DAKOTA

Div. of Health Facilities
600 East Blvd. Avenue
Dept 301
Bismarck, ND 58505-0200
(701) 328-2353

OHIO

Ohio Department of Health
Nurse Aide Registry
246 North High Street, 3rd Fl
Columbus, OH 43215-2412
(614) 752-9500

OKLAHOMA

OK Department of Health
Nurse Aide Registry
1000 NE 10th Street
Oklahoma City, OK 73117
(405) 271-4085

OREGON

OR Board of Nursing
17938 SW Upper Boones
Ferry Road
Portland, OR 97224-7012
(971) 673-0685

PENNSYLVANIA

PearsonVue/Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101-3785
1-800-852-0518

RHODE ISLAND

RI Dept. of Health Professions
Room 105
3 Capital Hill
Providence, RI 02908-5097
(401) 222-5888

SOUTH CAROLINA

PearsonVue/Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101-3785
1-800-475-8290

SOUTH DAKOTA

SD Board of Nursing
Suite 201
4305 S. Louise
Sioux Falls, SD 57106
(605) 362-2760

TENNESSEE

TN Department of Health
665 Mainstream Drive
Second Floor
Nashville, TN 37243
1-800-778-4504
(615) 532-5171

TEXAS

Nurse Aide Registry
TX Dept. of Human Services
PO Box 149030
Mail Code E-414
Austin, TX 78714-9030
(512) 438-2050
1-800-452-3934

UTAH

UT Nursing Assistant Registry
Certification Center
550 E. 300 South
Kaysville, UT 84037-2699
(801) 547-9947

VERMONT

VT Board of Nursing
89 Main Street
Third Floor
Montpelier, VT 05620-3402
(802) 828-3089
(802)-828-2396

VIRGINIA

Board of Nursing
9960 Mayland Dr
Suite 300
Henrico, VA 23233-1463
(804) 367-4569

VIRGIN ISLANDS

VI Board of Nurse Licensure
PO Box 304247
St. Thomas, Virgin Islands 00803
(340) 776-7397

WASHINGTON

AASA/RCSO
OBRA – Nurse Aide Registry
PO Box 45600
Olympia, WA 98504-5600
(360) 725-2597
(360) 725-2570

WEST VIRGINIA

Office of Health Facilities
Licensing & Certification
408 Leon Sullivan Way
Charleston, WV 25301-1713
(304) 558-0688

WISCONSIN

WI Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101-3785
1-877-329-8760

WYOMING

WY Board of Nursing
130 Hobbs Avenue
Suite B
Cheyenne, WY 82002
(307) 777-7601

(9/16) INTERSTATE.DOC

Application for the Minnesota Nursing Assistant Registry by Interstate Endorsement

Section A-1 -- Applicant Information (nursing assistant completes this section)		
<p>You are 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.</p>		
<p>Instructions:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1. Complete Section A-1 (print legibly).</p> <p>2. Sign at the bottom to verify the information is true and correct.</p> <p style="margin-left: 20px;">< Attach a photocopy of your social security card.</p> <p style="margin-left: 20px;">< Attach a photocopy of your Nursing Assistant Certificate.</p> <p>3. Send this form to the State you are transferring from so they may complete Section A-2 (State Nurse Aide Registry Information). However, if you are transferring from CA, CO, IL, IN, MO or NC send this form back to the Minnesota Nursing Assistant Registry.</p> </div> <div style="width: 35%; font-size: small;"> <p>*You are not eligible to work in a MN nursing home or certified boarding care home until your request has been approved and you have been added to the Registry.</p> </div> </div>		
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.) include apartment #		City
Email Address	State	Zip Code
NA Training Program Completion Date (mm/dd/yy)	NA Certificate Issue Date(s) (mm/dd/yy)	State(s) Where Issued
<i>I authorize any state Nurse Aide Registry Department to furnish the MN Department of Health, Nursing Assistant Registry the information that they request.</i>		Today's Date
Signature of Nursing Assistant		
Please indicate the state you are transferring from:		
Section A-2 -- State Nurse Aide Registry Information		
(the state you are coming from will complete this information)		
<p>Instructions:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Please do not remove attached documents.</p> <p>2. Check or complete all items that apply.</p> <p>3. Affix official agency stamp or seal.</p> </div> <div style="width: 45%;"> <p>4. Have authorized person sign and date the bottom of Section A-2.</p> <p>5. Return this request to the Minnesota Nursing Assistant Registry at the address below (do not return to the nursing assistant).</p> </div> </div>		
<p><input type="checkbox"/> The nursing assistant identified in Section A-1 is NOT listed on our State Nurse Aide Registry.</p> <p><input type="checkbox"/> The nursing assistant identified in Section A-1 has met the federal requirements to work in a Nursing Home or Certified Boarding Care Home and was placed on our Registry on: _____</p> <p style="margin-left: 40px;">NA Competency Evaluation Date: _____ Expiration date: _____</p> <p style="margin-left: 40px;">The method of registration was: <input type="checkbox"/>examination <input type="checkbox"/>deemed/grandfathered <input type="checkbox"/>reciprocity from: _____</p> <p style="margin-left: 40px;">Does the nursing assistant's record contain a substantiated finding of abuse, neglect, or misappropriation of property?</p> <p style="margin-left: 40px;"><input type="checkbox"/>Yes (please attach copies of the documentation) <input type="checkbox"/>No</p>		
Signature of State Nurse Aide Registry Representative	Date	Affix State Stamp or Seal here.
Title		
Agency	State	

Minnesota Nursing Assistant Registry, Minnesota Department of Health, PO Box 64501, St. Paul, MN 55164-0501
Phone: 651-215-8705
Long Distance within Minnesota: 1-800-397-6124

Employment Verification for Interstate Endorsement

Section B-1 -- Applicant Information (nursing assistant completes this section)

You are 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:

1. Complete Section B-1 (print legibly) AND sign at the bottom to verify that the information is true and correct.
2. **Attach a photocopy of your last paycheck or W-2 form** from your current/former employer in the state you are transferring from.
3. Then **send this form to your current/former employer in the other state** so they can complete Section B-2 (Employment Verification). **Employment reported must be within the past 24 months.**
4. Section B-2 must be completed by the nursing facility where you worked. If you worked through a staffing agency/traveling agency, Section B-2 must be filled out by a facility you worked at through the agency. That facility must be located in the state from which you are transferring.

Name (last, first, middle) (no initials)		Maiden Name (if applicable)
Social Security Number	Date of Birth (mm/dd/yy)	(Area Code) Home Telephone Number
Current Mailing Address (street, post office box, rural route, etc.) include apartment #		City
Email Address	State	Zip Code
<i>I authorize any facility/agency I am/was employed at to furnish the Minnesota Department of Health, Nursing Assistant Registry the information that they request.</i> Signature of Nursing Assistant		Please indicate the state you are transferring from.
		Today's Date

Section B-2 -- Employment Verification

Instructions:

1. Complete the following information (print legibly) and mail this form to the Minnesota Nursing Assistant Registry at the address listed below (do not return to the nursing assistant). PLEASE DO NOT REMOVE ATTACHED DOCUMENTS.
2. Please attach a copy of the nursing assistant's job description if your facility is **NOT** a Nursing Home, Certified Boarding Care Home, or Certified Home Health Agency.

Facility Name: _____

Facility address (street, city, state, and zip code): _____

Telephone Number: (_____) _____

I certify that the nursing assistant named above did work as a paid nursing assistant or performed nursing assistant duties from _____ until _____ and that I am not aware of any substantiated findings of abuse, neglect, or misappropriation of property.

Comments:

Signature of DON or Designee	Title	Date
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