

# "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.*

# NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

## ALABAMA

AL Dept of Public Health  
NAR-Div of HCF  
PO Box 303017  
Montgomery, AL 36130-3017  
(334) 206-5169

## ALASKA

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

## ARIZONA

Arizona Board of Nursing  
Nurse Aide Registry  
4747 North 7<sup>th</sup> Street  
Suite 200  
Phoenix, AZ 85014  
(602) 889-5150

## 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  
Nurse 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  
Nurse 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  
3 Mill Road, Suite 308  
Willington, DE 19806  
(302) 577-6666

## DIST. OF COLUMBIA

PearsonVue/Nurse Aide  
Registry  
3 Bala Plaza West  
Philadelphia, PA 19101-3481  
1-800-566-8668

## FLORIDA

FL Board of Nursing  
Certified Nursing  
Assistant Program  
Bin #C-13  
4052 Bald Cypress Way  
Tallahassee, FL 32399-3263  
(805) 245-4567

## GEORGIA

GA Health Partnership  
Nurse Aide Program  
PO Box 7000  
McRae, GA 31055-7000  
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  
(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

IN Dept. of Health  
NA Registry  
2 North Meridian St.  
Indianapolis, IN 46204  
317-233-7442  
1-800-246-8909

## IOWA

Dept of Inspections & Appeals  
Health Facilities Division  
NA Registry  
Lucas State Office Bldg.  
Des Moines, IA 50319-0083  
(515) 281-4963

## KANSAS

Health Occ. Credentialing  
Dept. of Health & Environment  
Landon State Office Bldg,  
Suite 1051-S  
900 SW Jackson Street  
Topeka, KS 66612-1290  
(785) 296-0059

## KENTUCKY

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

## LOUISIANA

LA CNA 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 Bala Plaza West, Suite 400  
Bala Cynwyd, PA. 19004  
1-877-847-0626  
410-585-1990

## MASSACHUSETTS

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

## MICHIGAN

Prometric  
Attn: Michigan Nurse Aide  
Registry  
2000 Lenox Drive  
Lawrenceville, NJ 08648  
1-800-748-0252

## MISSISSIPPI

PearsonVue/Nursing Assistant  
Registry  
3 Bala Plaza West, Suite 300  
Bala Cynwyd, PA 19004  
1-800-204-6215

## MISSOURI

### **\*SEND TO MINNESOTA\***

MN Dept. of Health  
Nurse Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501

Phone # for MO Registry:  
(573) 526-8528  
(523) 522-6203

## 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) 471-0537

## 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 16  
Concord, NH 03301-2431  
(603) 271-6282

## NEW JERSEY

PearsonVue/Nursing Assistant  
Registry  
3 Bala Plaza West, Suite 300  
Bala Cynwyd, PA 19004  
1 (800) 274-8970

## NEW MEXICO

New Mexico NAR  
2040 Pacheco St.  
Second Floor – Rm 413  
Sante Fe, NM 87505  
(505) 476-9040

## NEW YORK

Thomas Prometric  
2000 Lenox Drive, #300  
Lawrenceville, NJ 08648  
1-800-321-6443

## NORTH CAROLINA

### **\*SEND TO MINNESOTA\***

MN Dept. of Health  
Nurse Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501

Phone # for NC Registry:  
(919) 855-3969  
(919) 715-0562

## NORTH DAKOTA

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

## OHIO

Ohio Department of Health  
Nurse Aide Registry  
246 North High Street  
1<sup>st</sup> 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) 271-4085  
1-800-695-2157

## OREGON

OR Board of Nursing  
17938 SW Upper Boones  
Ferry Road  
Portland, OR 97224-7012  
Verification: (971) 673-0679  
(971) 673-0685

## PENNSYLVANIA

PearsonVue/Nurse Aide  
Registry  
P.O. 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  
3 Bala Plaza West, Suite 300  
Bala Cynwyd, PA. 19004  
1-800-475-8290

## SOUTH DAKOTA

SD Board of Nursing  
4305 S. Louise, Suite 201  
Sioux Falls, SD 57106

(605) 362-2760

## TENNESSEE

TN Department of Health  
227 French Landing, Suite 501  
Heritage Place, Metrocenter  
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) 231-5829  
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  
Office of Professional Reg.  
81 River Street  
Montpelier, VT 05609-1106  
(802) 828-2819 or 828-2453  
(802)-828-2396

## VIRGINIA

Dept of Health Professions  
Nurse Aide Registry  
9960 Mayland Drive, #300  
Richmond, VA 23233  
(804) 662-7310

## VIRGIN ISLANDS

VI Board of Nurse Licensure  
PO Box 4247, Veterans Drive  
Station  
St. Thomas, Virgin Islands  
00803  
(340) 776-7397

## WASHINGTON

AASA/RCSO  
OBRA – Nurse Aide Registry  
640 Woodland Square Loop SE  
P.O. Box 45600  
Olympia, WA 98504-5600  
(360) 725-2597

## WEST VIRGINIA

Office of Health Facilities  
Licensing & Certification.  
350 Capital Street, Room 206  
Charleston, WV 25301-3718  
(304) 558-0688

## WISCONSIN

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

## WYOMING

WY Board of Nursing  
1810 Pioneer Avenue  
Cheyenne, WY 82002  
(307) 777-7601

(1/09) INTERSTATE.DOC

Minnesota Department of Health  
 Division of Compliance Monitoring  
 Nursing Assistant Registry  
 P.O. Box 64501  
 St. Paul, Minnesota 55164-0501

Telephone: (651) 215-8705    Greater Minnesota: 1-800-397-6124    TDD/TTY: (651) 201-5797

**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.
  - ▶ **Attach a photocopy of your official social security card.**
  - ▶ **Attach a photocopy of your Nursing Assistant Certificate.**
- 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.**

**\*\*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

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

Note: The Minnesota Nursing Assistant Registry will return without action incomplete requests and requests without the required documents.

**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		Affix State Stamp or Seal here.
Title		
Agency	State	
Date		

Minnesota Department of Health  
 Division of Compliance Monitoring  
 Nursing Assistant Registry  
 P.O. Box 64501  
 St. Paul, Minnesota 55164-0501

Telephone: (651) 215-8705 Greater Minnesota: 1-800-397-6124 TDD/TTY: (651) 201-5797

**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.**

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.)		Apartment #
City	State	Zip Code
<i>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.</i>		Today's Date
Signature of Nurse Aide		

**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.

Facility: \_\_\_\_\_  
 Facility address (street, city, state, and zip code): \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 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:

Signature of DON or Designee	Title	Date
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