



Submitting Your Renewal Application

Minnesota Nurse Aide Registry Tutorial

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

Log in to the Registry

MINNESOTA NURSE AIDE REGISTRY

Sign in to your account

Email

Password

[Forgot Password?](#)

[Sign In](#)

[New user? Register](#)

- You have received an email and text notification from MDH to renew your certificate.
- To submit your renewal application, log in to the registry using your email and password.
- If you have not created an account, follow the instructions for [Creating Your Account](#).

Navigate to Your Dashboard

The screenshot shows a user dashboard for the Department of Health. At the top, there is a navigation bar with the logo and links for Dashboard, Search Certificate, Frequently Asked Questions, Print Certificate, My Information, and Log out. The main content area is titled 'User's Dashboard' and is divided into two main sections: 'Your Certificate Information' and 'Your Applications'.

Your Certificate Information

Name: [Redacted] Certificate Status: Inactive

Certificate Number: [Redacted] Issue Date: [Redacted] Expiration Date: [Redacted]

Renewal Status: Approved Processing Timeline: N/A

Buttons: View Employment History, View Testing History, Further Registry Information, Print Certificate, Renewal Application (highlighted with a green arrow).

Your Applications

Application Type	Submitted Date	Approved Date	Status	Unread Messages	Actions
Certified Nurse Aide-Renewal	11/03/1997 12:00AM	04/14/2001	Approved		View

- Click the blue **Renewal Application** button (center bottom) on your dashboard to begin your application.

Renewal Application: Verify Personal Information

Nurse Aide Renewal Application

1 Personal 2 Employment 3 Affirmation

Personal Information

Please fill in all applicable information.

Last Name: First Name: Middle Name:

Social Security Number: Date of Birth:

Street Address: City:

123 Rose Gold Ave St. Paul

Please include apartment number or PO Box number if relevant.

State: ✓ ZIP:

Cell Phone Number: Email Address:

Update Name

Shown SSN is incorrect

Next

- If your address, phone number, or email have changed, you may enter updated information.
- If your name has changed, click the blue **Update Name** button on the right side of the screen to make the correction and upload the required documentation (PDF only).
- If your social security number is incorrect, click the blue **Shown SSN is incorrect** button on the right side of the screen to make a correction and upload a copy of your social security card (PDF only).
- Click the blue **Next** button in the bottom right corner of the screen to go to the next page.

Renewal Application: Employment History Alerts

Employment Information - Nurse Aide Renewal Application - NAR

1

Personal

2

Employment

3

Affirmation

Please enter all facilities where you have worked since July 15, 2021. If the facility is the one you currently work at, please include your starting date and the last working date for which you have received a paycheck. Otherwise, please include your starting date and end date. If you have worked at a facility multiple times in this time period, please enter the facility once for each work period.

You have a gap longer than 2 years since the employment provided on your previous renewal application or your test out, whichever is later. Depending on your specific work history, you might need to provide W-2(s), first paystub, most recent paystub, or any combination thereof.

Uncovered period:

07/15/2021 - 01/05/2024

If you have a gap over 24 months in nurse aide work history, you must retest and pass both the knowledge and skills test to become Active on the Minnesota Nurse Aide Registry.

We recommend filling out the employment history fully prior to attaching any documents as documents requested per employer may change depending on your specific work history.

- Enter your employment history for the past 24 months.
- Depending on the last working date on file, different alert(s) will appear and will help guide you to completing your renewal application.

Renewal Application: Enter Employment Information

Employer 1 of 1

This facility is my current workplace and only workplace since July 15, 2021.

I am working at this facility through a staffing agency.

This facility is in Minnesota

Yes No

Facility Type

Nursing Home ✓

Use the search function to identify the name of the nursing home or certified boarding care home where you currently work or have worked.

Facility Name

veteran ✓

HFID	Name	Address	City	State	Zip	Actions
00788	MN VETERANS HOME HASTINGS	1200 18TH ST E	HASTINGS	MN	55033-3680	<input type="button" value="Select"/>
00233	MN VETERANS HOME MINNEAPOLIS	5101 MINNEHAHA AVE S	MINNEAPOLIS	MN	55417-1647	<input type="button" value="Select"/>
00381	MN VETERANS HOME SILVER BAY	56 OUTER DR	SILVER BAY	MN	55614	<input type="button" value="Select"/>
00411	MN VETERANS HOME LUVERNE	1300 NORTH KNISS	LUVERNE	MN	56156	<input type="button" value="Select"/>
00531	MN VETERANS HOME FERGUS FALLS	1821 NORTH PARK	FERGUS FALLS	MN	56537	<input type="button" value="Select"/>
00233	MN VETERANS HOME MINNEAPOLIS	5101 MINNEHAHA AVE S	MINNEAPOLIS	MN	55417-1647	<input type="button" value="Select"/>

Current attached last paystub: No paystub attached **REQUIRED**

Expiration Date Post Employment: N/A

You have 90 days to submit this application after saving it as a draft. After 90 days, drafts that are not submitted are deleted.

For each employer:

- Click the box to mark one of the options (current workplace or working through a staffing agency).
- Select the Facility Type
- Enter facility information where you only worked.
 - Enter the Facility Name and click the blue **Search** button. You can enter part of the name, and the results will include facilities whose names include that word.
 - Click the blue **Select** button next to the facility where you worked. Make sure to confirm the Health Facility Identification (HFID) number and address are correct.
- Click the blue **Next** button in the bottom right corner of the screen to go to the next page.

Renewal Application: Employment Dates

Facility Name

Department

Street Address

Please include apartment number or PO Box number if relevant.

City **State** **Zip Code**

Start Date REQUIRED
Format: MM/DD/YYYY

End Date
If you are currently working at this location please leave the end date blank. Format: MM/DD/YYYY

Current attached last paystub: No paystub attached REQUIRED

Expiration Date Post Employment: N/A

You have 90 days to submit this application after saving it as a draft. After 90 days, drafts that are not submitted are deleted.

- Enter your work dates.
- Upload the most recent pay stub (PDF only) that provides documentation to verify nursing or nursing-related services were performed for monetary compensation for at least one documented day (e.g., 8 consecutive hours) during the previous 24 months.
 - Providing assistance with activities of daily living (ADL) care is an allowed service.
 - Orientation, training, or in-service hours are not allowed.
 - You may be required to upload your job description (PDF) that includes the specific direct care services you performed.
- If your attachment(s) were added successfully, a message will appear.
- Click the blue **Next** button in the bottom right corner of the screen to go to the next page.

Renewal Application: Affirmation

Affirmation - Nurse Aide Renewal Application - NAR

1 Personal 2 Employment 3 Affirmation

Applicant Affirmation

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 and client submitted for use in verification of credentials.

Signature REQUIRED **Date**

Format: MM/DD/YYYY

[Back](#) [Finish](#)

- Type your full name in the Signature box. This counts as an electronic signature. Click the blue **Finish** button in the bottom right to complete your application.
- If you need to make a correction to your application, click the blue **Back** button in the bottom left.

Navigating back to the Dashboard

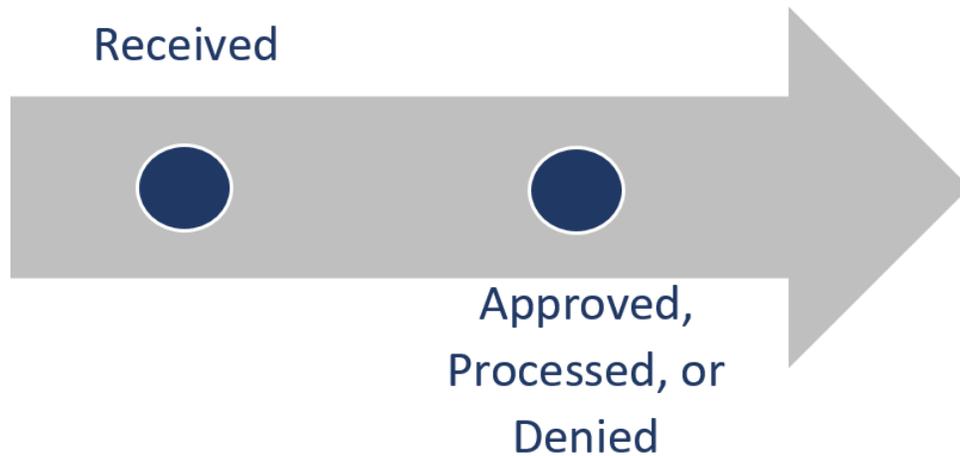
The screenshot shows a user's dashboard with the following sections:

- Your Certificate Information:** Displays fields for Name, Certificate Number, Renewal Status (Received), Certificate Status (Inactive), Issue Date (04/14/2001), Expiration Date (07/15/2023), and Processing Timeline (N/A). Buttons include View Employment History, View Testing History, Further Registry Information, Print Certificate, and Renewal Application.
- Your Applications:** A table with columns for Application Type, Submitted Date, Approved Date, Status, Unread Messages, and Actions.

Application Type	Submitted Date	Approved Date	Status	Unread Messages	Actions
Certified Nurse Aide-Renewal	01/05/2024 05:06AM		Received	1	View
Certified Nurse Aide-Renewal	11/03/1997 12:00AM	04/14/2001	Approved	0	View

- You will see your submitted application under Your Applications with a Received status.
- You may view your application by clicking the blue **View** button.
- When MDH completes review of your application, the status will change.
- You will receive an email from MDH letting you know whether your application is approved. You may need to log in to the system to review comments or upload missing items.
- Please allow up to 30 business days for MDH to complete their review.

Application Statuses



- As your application moves through the review process, its status will change.
- If the application was successfully submitted, the status will be Received.
- After MDH has reviewed the application, the status will be:
 - Approved: the application was approved, and you are active on the registry.
 - Processed: the application was approved; however, you remain inactive on the registry. This may be due to submitted employment information that could not bring your certificate to an active status.
 - Denied: the application was denied.

Communication about Application Status

[Redacted]'s Dashboard

Your Certificate Information

Name: [Redacted] Certificate Status: Inactive

Certificate Number: [Redacted] Issue Date: 04/14/2001 Expiration Date: 07/15/2023

Renewal Status: Received Processing Timeline: N/A

[View Employment History](#) [View Testing History](#) [Further Registry Information](#)

[Print Certificate](#) [Renewal Application](#)

Your Applications

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Certified Nurse Aide-Renewal	11/03/1997 12:00AM	04/14/2001	Approved		View

- If MDH has questions about your application, they will communicate through the Nurse Aide Registry system.
- You will receive an email and text notification if a message from MDH was sent to you.
- You will need to log in to the system to read messages from MDH.
- On your Dashboard, click the envelope icon or View button to see the messages.

Communicating with MDH and Correcting Applications

Messages to/from MDH

Message	Message Type	Message Date	Message By
Pay stub does not show regular 8 hours. Please resubmit.	From MDH	01/08/2024 12:21AM	MDH Staff

Send a Message to MDH

If you wish to send a message to MDH you can do it here.

[Send](#)

Messages from MDH about the status of your applications and needed corrections will appear here.

You may send a message to MDH here.

Employment Information and Attachments

Employer 1 of 1:

Facility Name
MN VETERANS HOME HASTINGS

Address	City	State	Zip
1200 18TH ST E	HASTINGS	MN	55033-3680

Attachments:

File name	Attachment Type	Paystub kind	Download
Paystub.pdf	Paystub	Last	Download
File name	Attachment Type	W-2 year(s)	Download
W2.pdf	W2	2022,2023	Download

Application corrections

If you found any errors or mistakes in your application you can correct them and resubmit the application here.

[Correct application](#)

Documents that you have uploaded will appear in the *Employment Information and Attachments* section.

If you need to make corrections, click the blue **Correct application** button in the bottom left. Select **Confirm** from the pop-up message to proceed.

Editing Your Application

Applicant Affirmation

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 and client submitted for use in verification of credentials.

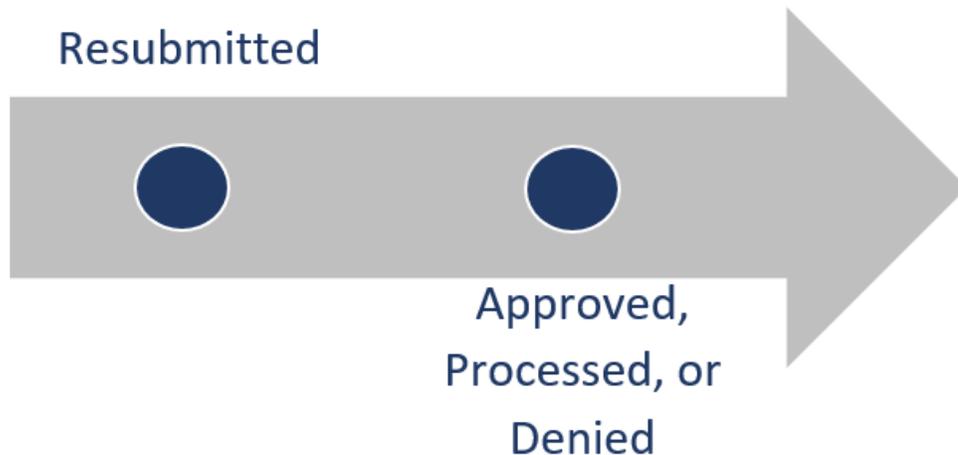
Signature REQUIRED

Date

Resubmit Application  **Cancel**

- The Application Resubmission screen will appear.
- Review and edit fields identified by MDH for correction.
- Upload corrected documents if applicable.
- Enter your electronic signature and click **Resubmit Application**.
- You can follow the review progress on your dashboard.

MDH Resubmit Statuses



- As your resubmitted application moves through the review process, its status will change.
- If the application was successfully resubmitted, the status will be Resubmitted.
- After MDH has reviewed the application, the status will be:
 - Approved: the application was approved, and you are active on the registry.
 - Processed: the application was approved; however, you remain inactive on the registry. This may be because the employment information submitted was not recent enough to bring your certificate to active status.
 - Denied: the application was denied.

My certificate has expired. What do I do?

My certificate expired within the past 24 months . . .

- Log into your dashboard and follow this tutorial.
- Submit employment history and pay stub(s).
- If approved, your certificate will become current.

My certificate expired more than 24 months ago . . .

- You must retest and pass both the knowledge test and the skills test.
- Contact MDH and ask to speak with a Nurse Aide Registry Credentialer for guidance.

Next Steps

- Please allow 30 business days for MDH to complete review of your renewal application.
- Nurse aides are encouraged to submit their renewal application at least 60 days before their certificate expires.
- You may print a copy of your updated certificate.
- Reminder: You must submit your most recent paystub which reflects 8 hours of regular pay (independent work) as a nurse aide. Training or orientation hours are not allowed. Currently, employment through a health platform app is not allowed to renew or update employment information.
- If you have further questions, please contact the Minnesota Nurse Aide Registry at health.fpc-nar@state.mn.us or 651-201-4200.