

# 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 following page. ***Please check with the registry in the state you are transferring from to determine if that state has a processing fee.***

**ATTENTION:** If you are transferring from one of the following states: California, Colorado, Florida, Idaho, Illinois, Indiana, Louisiana, Missouri, North Carolina, North Dakota, Tennessee or Wisconsin complete Section A-1 and mail this form to the Minnesota Registry.

2. Complete Section B-1, attach items needed and send to your last/current employer in the state from which you are transferring.

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.

Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64501  
St. Paul, Minnesota 55164-0501  
651-215-8705  
[www.health.state.mn.us](http://www.health.state.mn.us)

8/4/20

*To obtain this information in a different format, call: 651-201-4101.*

# 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. 7<sup>th</sup> Ave., Suite 1500  
Anchorage, AK 99501  
(907) 269-8169

## ARIZONA

Arizona Board of Nursing  
Nurse Aide Registry  
1740 W Adams Street  
Suite 2000  
Phoenix, AZ 85007  
(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

**\*SEND TO MINNESOTA\***  
MN Dept. of Health  
Nursing Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
Phone # for FL Registry:  
(850) 245-4567  
(850) 245-4125

## GEORGIA

GA Medical Care Foundation  
Nurse Aide Program  
PO Box 105753  
Atlanta, GA 30348  
(678) 527-3010

## HAWAII

Nurse Aide Program  
Dept of Commerce & Consumer  
Affairs  
PO Box 3469  
Honolulu, Hawaii 96801  
(808) 739-8122

## IDAHO

**\*SEND TO MINNESOTA\***  
MN Dept. of Health  
Nursing Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
Phone # for ID Registry:  
(208) 334-6620

## 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

Health Facilities Division  
NA Registry  
Lucas State Office Bldg.  
321 East 12<sup>th</sup> 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

**\*SEND TO MINNESOTA\***  
MN Dept. of Health  
NA Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
Phone #  
for LA Registry:  
(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, 2<sup>nd</sup> 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) 471-4322

## 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

**\*SEND TO MINNESOTA\***  
MN Dept. of Health  
Nursing Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
Phone # for ND Registry:  
(701) 328-2353

## OHIO

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

## OKLAHOMA

OK Dept 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

**\*SEND TO MINNESOTA\***  
MN Dept. of Health  
Nurse Aide Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
Phone # for TN Registry:  
(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/RCSA  
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

**\*SEND TO MINNESOTA\***  
MN Dept. of Health  
Nursing Asst. Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
Phone # for WI Registry:  
1-888-401-0462

## WYOMING

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



## Minnesota Nursing Assistant Registry Application by Interstate Endorsement

### Section A-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 A-1 (print legibly). Information submitted should refer to the state from which you are transferring.
2. Sign at the bottom to verify the information is true and correct.  
Attach a photocopy of your social security card.  
Attach a photocopy of your Nursing Assistant Certificate.
3. Send this form to the state you are transferring from so they may complete Section A-2 (State Nurse Aide Registry Information).

**If you are transferring from CA, CO, FL, ID, IL, IN, LA, MO, NC, ND, TN or WI send this form back to the Minnesota Nursing Assistant Registry.**

\*You are **not** eligible to work in a Minnesota nursing home or certified boarding care home until your request has been approved and you have been added to 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.) include apartment #		City
Email Address	State	Zip Code
NA Training Program Completion Date (mm/dd/yy)	NA Certificate Issue Date (mm/dd/yy)	State Certificate Number:
<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> Signature of Nursing Assistant		Today's Date

State you are transferring from: \_\_\_\_\_

## Section A-2

### State Nurse Aide Registry Information (the state you are coming from will complete this information)

**Instructions:**

1. Please do not remove attached documents.
2. Check or complete all items that apply.
3. Affix official agency stamp or seal.
4. Have authorized person sign and date the bottom of Section A-2.
5. Return this request to the Minnesota Nursing Assistant Registry at the address below (do not return to the nursing assistant).

The nursing assistant identified in Section A-1 is **NOT listed** on our state nurse aide registry.

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: \_\_\_\_\_

NA Competency Evaluation Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The method of registration was:

examination     deemed/grandfathered     reciprocity from: \_\_\_\_\_

Does the nursing assistant’s record contain a substantiated finding of abuse, neglect, or misappropriation of property?

Yes (please attach copies of the documentation)     No

Signature of State Nurse Aide Registry Representative	Date	<b>Affix state stamp or seal here.</b>
Title		
Agency	State	

**Minnesota Nursing Assistant Registry, Minnesota Department of Health, PO Box 64501, St. Paul, MN 55164-0501 Phone: 651-215-8705 Email: [health.fpc-nar@state.mn.us](mailto:health.fpc-nar@state.mn.us)**

## 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 from your current/former employer in the state you are transferring from.
3. Send this form to your current/former employer in the other state so they can complete Section B-2 (Employment Verification).

Employment reported and paystub attached 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		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

Minnesota Nursing Assistant Registry, Minnesota Department of Health, PO Box 64501,  
St. Paul, MN 55164-0501 Phone: 651-215-8705 Email: [health.fpc-nar@state.mn.us](mailto:health.fpc-nar@state.mn.us)