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
Heath Regulation Division
P.O. Box 64501
St. Paul, Minnesota 55164-0501
651-215-8705
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

<table>
<thead>
<tr>
<th>State</th>
<th>Address Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>AL Certified NA Registry 1401 North St, Montgomery, AL 36104-3269</td>
</tr>
<tr>
<td>Alaska</td>
<td>VA <em>SEND TO MINNESOTA</em> 901 N. 3rd St, Alexandria, VA 22311-5301</td>
</tr>
<tr>
<td>Arizona</td>
<td>AZ <em>SEND TO MINNESOTA</em> 617 W. Main St, Phoenix, AZ 85001 (602) 277-1088</td>
</tr>
<tr>
<td>California</td>
<td>CA <em>SEND TO MINNESOTA</em> 1000 S. Main St, San Diego, CA 92110-1234 (619) 557-2310</td>
</tr>
<tr>
<td>Colorado</td>
<td>CO <em>SEND TO MINNESOTA</em> 410 S. Main St, Denver, CO 80209-2222 (303) 555-2310</td>
</tr>
<tr>
<td>Connecticut</td>
<td>CT <em>SEND TO MINNESOTA</em> 1234 Main Ave, Norwalk, CT 06850-1234 (203) 555-2310</td>
</tr>
<tr>
<td>Delaware</td>
<td>DE <em>SEND TO MINNESOTA</em> 567 Main St, Wilmington, DE 19801-2345 (302) 555-2310</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>DC <em>SEND TO MINNESOTA</em> 678 Main St, Washington, DC 20001-2345 (202) 555-2310</td>
</tr>
<tr>
<td>Florida</td>
<td>FL <em>SEND TO MINNESOTA</em> 789 Main St, Orlando, FL 32801-2345 (407) 555-2310</td>
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<tr>
<td>Georgia</td>
<td>GA <em>SEND TO MINNESOTA</em> 123 Main St, Atlanta, GA 30303-2345 (404) 555-2310</td>
</tr>
<tr>
<td>Hawaii</td>
<td>HI <em>SEND TO MINNESOTA</em> 987 Main St, Honolulu, HI 96810-2345 (808) 555-2310</td>
</tr>
<tr>
<td>Idaho</td>
<td>ID <em>SEND TO MINNESOTA</em> 765 Main St, Boise, ID 83701-2345 (208) 555-2310</td>
</tr>
<tr>
<td>Illinois</td>
<td>IL <em>SEND TO MINNESOTA</em> 543 Main St, Chicago, IL 60601-2345 (312) 555-2310</td>
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<tr>
<td>Indiana</td>
<td>IN <em>SEND TO MINNESOTA</em> 321 Main St, Indianapolis, IN 46201-2345 (317) 555-2310</td>
</tr>
<tr>
<td>Iowa</td>
<td>IA <em>SEND TO MINNESOTA</em> 123 Main St, Des Moines, IA 50309-2345 (515) 555-2310</td>
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<tr>
<td>Kansas</td>
<td>KS <em>SEND TO MINNESOTA</em> 456 Main St, Kansas City, KS 67201-2345 (913) 555-2310</td>
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<tr>
<td>Kentucky</td>
<td>KY <em>SEND TO MINNESOTA</em> 789 Main St, Frankfort, KY 40601-2345 (502) 555-2310</td>
</tr>
<tr>
<td>Louisiana</td>
<td>LA <em>SEND TO MINNESOTA</em> 123 Main St, New Orleans, LA 70112-2345 (504) 555-2310</td>
</tr>
<tr>
<td>Maine</td>
<td>MA <em>SEND TO MINNESOTA</em> 123 Main St, Boston, MA 02112-2345 (617) 555-2310</td>
</tr>
<tr>
<td>Maryland</td>
<td>MD <em>SEND TO MINNESOTA</em> 123 Main St, Baltimore, MD 21201-2345 (410) 555-2310</td>
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<tr>
<td>Massachusetts</td>
<td>MA <em>SEND TO MINNESOTA</em> 123 Main St, Boston, MA 02112-2345 (617) 555-2310</td>
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<tr>
<td>Michigan</td>
<td>MI <em>SEND TO MINNESOTA</em> 123 Main St, Detroit, MI 48222-2345 (313) 555-2310</td>
</tr>
<tr>
<td>Missouri</td>
<td>MO <em>SEND TO MINNESOTA</em> 123 Main St, Jefferson City, MO 63016-2345 (314) 555-2310</td>
</tr>
<tr>
<td>Montana</td>
<td>MT <em>SEND TO MINNESOTA</em> 123 Main St, Helena, MT 59601-2345 (406) 555-2310</td>
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<tr>
<td>Nebraska</td>
<td>NE <em>SEND TO MINNESOTA</em> 123 Main St, Lincoln, NE 68501-2345 (402) 555-2310</td>
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<tr>
<td>Nevada</td>
<td>NV <em>SEND TO MINNESOTA</em> 123 Main St, Carson City, NV 89701-2345 (775) 555-2310</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>NH <em>SEND TO MINNESOTA</em> 123 Main St, Concord, NH 03301-2345 (603) 555-2310</td>
</tr>
<tr>
<td>New Jersey</td>
<td>NJ <em>SEND TO MINNESOTA</em> 123 Main St, Trenton, NJ 08610-2345 (609) 555-2310</td>
</tr>
<tr>
<td>New Mexico</td>
<td>NM <em>SEND TO MINNESOTA</em> 123 Main St, Albuquerque, NM 87101-2345 (505) 555-2310</td>
</tr>
<tr>
<td>New York</td>
<td>NY <em>SEND TO MINNESOTA</em> 123 Main St, New York, NY 10001-2345 (212) 555-2310</td>
</tr>
<tr>
<td>North Carolina</td>
<td>NC <em>SEND TO MINNESOTA</em> 123 Main St, Raleigh, NC 27601-2345 (919) 555-2310</td>
</tr>
<tr>
<td>North Dakota</td>
<td>ND <em>SEND TO MINNESOTA</em> 123 Main St, Bismarck, ND 58501-2345 (701) 555-2310</td>
</tr>
<tr>
<td>Ohio</td>
<td>OH <em>SEND TO MINNESOTA</em> 123 Main St, Columbus, OH 43215-2345 (614) 555-2310</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>OK <em>SEND TO MINNESOTA</em> 123 Main St, Oklahoma City, OK 73117-2345 (405) 555-2310</td>
</tr>
<tr>
<td>Oregon</td>
<td>OR <em>SEND TO MINNESOTA</em> 123 Main St, Portland, OR 97224-7012 (503) 555-2310</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>PA <em>SEND TO MINNESOTA</em> 123 Main St, Philadelphia, PA 19101-2345 (215) 555-2310</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>RI <em>SEND TO MINNESOTA</em> 123 Main St, Providence, RI 02908-2345 (401) 555-2310</td>
</tr>
<tr>
<td>South Carolina</td>
<td>SC <em>SEND TO MINNESOTA</em> 123 Main St, Columbia, SC 29201-2345 (803) 555-2310</td>
</tr>
<tr>
<td>Tennessee</td>
<td>TN <em>SEND TO MINNESOTA</em> 123 Main St, Nashville, TN 37201-2345 (615) 555-2310</td>
</tr>
<tr>
<td>Texas</td>
<td>TX <em>SEND TO MINNESOTA</em> 123 Main St, Austin, TX 78701-2345 (512) 555-2310</td>
</tr>
<tr>
<td>Utah</td>
<td>UT <em>SEND TO MINNESOTA</em> 123 Main St, Salt Lake City, UT 84101-2345 (385) 555-2310</td>
</tr>
<tr>
<td>Virginia</td>
<td>VA <em>SEND TO MINNESOTA</em> 123 Main St, Richmond, VA 23233-2345 (804) 555-2310</td>
</tr>
<tr>
<td>Washington</td>
<td>WA <em>SEND TO MINNESOTA</em> 123 Main St, Seattle, WA 98101-2345 (206) 555-2310</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>WI <em>SEND TO MINNESOTA</em> 123 Main St, Madison, WI 53701-2345 (608) 555-2310</td>
</tr>
<tr>
<td>Wyoming</td>
<td>WY <em>SEND TO MINNESOTA</em> 123 Main St, Cheyenne, WY 82002 (307) 555-2310</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name (last, first, middle) (no initials)</th>
<th>Maiden Name (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number (attach copy)</td>
<td>Date of Birth (mm/dd/yy)</td>
</tr>
<tr>
<td>(Area Code) Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Current Mailing Address (street, post office box, rural route, etc.) include apartment #</td>
<td>City</td>
</tr>
<tr>
<td>Email Address</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td>NA Training Program Completion Date (mm/dd/yy)</td>
<td>NA Certificate Issue Date (mm/dd/yy)</td>
</tr>
<tr>
<td></td>
<td>State Certificate Number:</td>
</tr>
</tbody>
</table>

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 Nursing Assistant

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

<table>
<thead>
<tr>
<th>Signature of State Nurse Aide Registry Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Email: 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.

<table>
<thead>
<tr>
<th>Name (last, first, middle) (no initials)</th>
<th>Maiden Name (if applicable)</th>
</tr>
</thead>
<tbody>
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<td>Social Security Number</td>
<td>Date of Birth (mm/dd/yy)</td>
</tr>
<tr>
<td>(Area Code) Home Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Current Mailing Address (street, post office box, rural route, etc.) include apartment #</td>
<td>City</td>
</tr>
<tr>
<td>Email Address</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

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.

Signature of Nursing Assistant

<table>
<thead>
<tr>
<th>State you are transferring from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's Date</td>
</tr>
</tbody>
</table>
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