



Minnesota Department of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

NURSING ASSISTANT REGISTRY UPDATE FORM

You are required by 42 CFR 483.156 to provide certain identifying information on this application such as certificate number, name, address, and telephone number. Your social security number will remain private. 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. PLEASE ALLOW 30 BUSINESS DAYS FOR PROCESSING.

INSTRUCTIONS:

- 1. COMPLETE SECTION A AND SIGN THIS FORM AT THE BOTTOM.
2. HAVE YOUR EMPLOYER COMPLETE SECTION B.
3. YOU MUST ATTACH A COPY OF A RECENT PAYSTUB FROM THE EMPLOYER LISTED IN SECTION B. IF YOU ARE NOT WORKING IN A NURSING HOME OR CERTIFIED HOME HEALTH AGENCY YOU WILL NEED TO ATTACH A COPY OF YOUR JOB DESCRIPTION FROM THE EMPLOYER LISTED IN SECTION B.

NOTE: WE WILL RETURN YOUR FORM UNPROCESSED IF THE PAYSTUB AND JOB DESCRIPTION (IF REQUIRED) ARE NOT ATTACHED.

SECTION A - Applicant Information

Form with fields for Certificate Number, Legal Name, Social Security Number (SSN), Current Mailing Address, City, State, Zip Code, Name or SSN Change?, Phone Number, and Email address.

SECTION B - Employment Information to be filled out by employer

Provide the following information about your past, present, or most recent employment in Minnesota as a nursing assistant. If you worked for a staffing agency, SECTION B must be filled out by the nursing facility where you worked. This form cannot be completed by the staffing agency.

Do not verify employment until after this individual has worked 8 hours independently for your agency/facility.

Form with fields for Name of Facility/Home Health Agency, Phone Number, Specify dept/area this Nursing Assistant worked in, Current Address, City, Employment Start Date, Actual Last Working Date, and a signature line for the Administrator or DON.

Signature (Nursing Assistant) _____ Date _____

Minnesota Nursing Assistant Registry
PO Box 64501
St. Paul, MN 55164-0501
Phone: 651-215-8705
Long Distance within Minnesota: 1-800-397-6124
An equal opportunity employer.