DEPARTMENT OF HEALTH

Creating Your Account

Minnesota Nurse Aide Registry Tutorial

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

Registration

MINNESOTA NURSE AIDE REGISTRY

SI	gn in to you		
Email			
Password			
		Forgot Password?	
	Sign I	n	
	New user?	Register	

- Welcome to the Minnesota Nurse Aide Registry.
- Active nurse aides must register to create an account to access their information and perform tasks, such as submitting their renewals.
- <u>Recent test candidates must wait to create</u> <u>an account</u> until they've been notified through email or text by MDH they've been added to the registry.
- To begin, click the blue **Register** at the bottom of the login screen.

Registration (cont.)

MINNESOTA NURSE AIDE REGISTRY

	U	
First name		
Last name		
Email		
Password		
Confirm password		

• Enter your first name and last name.

- For nursing home facility, the Authorized Agent should register using facility's email (not a personal email).
- Enter email to be used for login into the registry.
- Enter and confirm your password.
- Click the blue **Register** button.

Select the Type of Registration



- Select the appropriate category
- Certified Nurse Aide are active individuals and/or those who have just tested
- Interstate Endorsement Candidates are nurse aides endorsing from another state
- Providers are nursing home and certified boarding care home facilities

Create Your Account

		Trequentity Askeu Question					
Register Account							
Please enter the following personal and contac	ct information.						
Personal Information							
First Name REQUIRED	Middle Name		Last Name REQUIRED				
Date of Birth REQUIRED		Social Security Numbe	er required				
mm/dd/yyyy							
Format: MM/DD/YYYY							
Contact Information							
Cell Phone Number REQUIRED		Email REQUIRED					
Texting Preferences REQUIRED							
			\$				
Addross							
Street Address REQUIRED							
Please include apartment number or PO Box number if relevant.							
City REQUIRED	State REQUIRED		ZIP REQUIRED				
	Please select an	option 🗢					

- Enter Personal Information: first name, last name, date of birth, and social security number. Please note, names are case sensitive.
 - These four fields must match exactly with the data MDH has for you. If you receive an error message, one or more of the fields do not match. Contact NAR at <u>HEALTH.FPC-</u> <u>NAR@state.mn.us</u> for assistance.
- Enter Contact Information: enter cell phone number and an email address you monitor frequently. MDH will communicate to you regarding updates and notices sent to you to log into the registry to view your message from the credentialers.
- Select your Texting Preferences.
- Enter your mailing Address.
- Click the blue **Register** button in the bottom left.

Successful Registration

DEPARTMENT OF HEALTH	Dashboard	Success		×	s Print Cer	tificate	My Information	- Log out
		You have registe	ered your account.					
's Dashboa	rd							
Your Certificate Informa	tion							
Name:		Certificate Sta Inactive	itus:					
Certificate Number:		Issue Date:			Expiratio	n Date:		
		04/14/2001			07/15/20)23		
Renewal Status:		Processing Ti	meline:					
Approved		N/A						
View Employment History		View Testing	J History		Further	Registry	y Information	
Print Certificate		Renewal App	olication					
Your Applications								
Application Type	Submitte	ed Date	Approved Date	Stat	us 🌲	Unrea	d Messages 🛛 🌲	Actions
Certified Nurse Aide-Renewal	11/03/19	997 12:00AM	04/14/2001	App	roved			View

Success! You have now created your Minnesota Nurse Aide Registry Account and your dashboard will appear.

Navigating Your Dashboard



• Print your certificate.

If You Need Assistance



- If the information you entered does not match your certificate, please call the Nurse Aide Registry for assistance at 651-201-4200 or email at <u>health.fpc-nar@state.mn.us</u>.
- It is possible the registry has a different name, date of birth, and/or social security number than what you entered.
- If this is the case, the NAR staff will advise you on how to make the correction.

Logging Back to the System



• Once you receive instructions on how to make the correction, log back into the system and click on the "Correct Name, SSN, or DOB" button.

Select Type of Correction

DEPARTMENT OF HEALTH	Dashboard	Search Certificate	Frequently Asked Questions	Correct Name, SSN, or DOB	Log out
Correct Name, SSN	, or DO	B			
Type of Correction REQUIRED					
Please select an option					
– Please select an option –					
Name					
SSN					
DOB					
Name and SSN					
Name and DOB					
SSN and DOB					
Name, SSN, and DOB					

• Select the type of correction

Submit Correction for Review

Correct Name	e, SSN, or DOB				
Type of Correction					
Name and SSN					√ ≑
First Name REQUIRED		Middle Name		Last Name REQUIRED	
Date of Birth		Social Security Number	REQUIRED		
mm/dd/yyyy					
Format: MM/DD/YYYY					
Cell Phone Number			Email		
Certificate Number REG	QUIRED				
document:	Attach Document(s)	Current attached file: No fil	e attached		
Name verification document:	Attach Document(s)	Current attached file: No file	e attached		
MDH will review the infor	mation provided to process your r	equested correction. Please re	view carefully before submittin	ıg.	
Update					

- Enter the correct information
- Upload the supporting documents
- Click on Update
- Your request will be reviewed by one of MDH's Credentialer
- Once approved, you will be able to log back in and claim your record to see your Dashboard



Thank You!

Nurse Aide Registry Credentialing Team

Health.FPC-NAR@state.mn.us

651-201-4200, Monday to Friday: 8 AM to 4 PM