Michigan Nursing Assistant Registry Renewal Form

Instructions:

- Please go to www.prometric.com/NurseAide/MI to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application. Incomplete, blurred or illegible forms will not be processed.
- Please complete all of the information requested on this form, including the employer information on Page 2 of this form. Failure to fully complete all pages may result in delays or denial of the renewal of your certification.
- Please mail completed original forms to Prometric, ATTN: MI Nurse Aide Registry Renewal, 7941 Corporate Drive, Nottingham, MD 21236.

Eligibility for Renewal
You are eligible to renew your certificate if you have worked as a nursing assistant performing nursing or nursing-related services to a patient or resident for pay for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. Nursing assistants with employment restrictions on the registry for resident abuse, neglect, misappropriation of resident property or criminal record disqualifications are not eligible for renewal.

Nursing Assistant Information
All fields marked with * are required. Print one number/letter in each box where required.

| *Social Security Number |  |  |
| *First Name |  | Middle Initial |
| *Last Name |  |  |
| *Date of Birth (Month/Day/Year) | Previous name (if applicable): |
| *Street Address (including Apt. number or P.O. Box, if applicable) |  |
| *City | *State | *ZIP Code |
| *County (first four letters only) | Daytime Phone Number (including area code) |
| *Email Address (form will not be processed without an email address) |  |

If your legal name has changed since last communication with Prometric, you **must** provide a copy of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.
**Employment Information**

Please complete the following section with your current or previous employer information.

*Name of Employer

*Address of Employer (Street Address or P.O. Box)

*City *State *Zip Code

Date of Hire: (MONTH/DAY/YEAR): __________________________

Are you currently employed at the facility listed above?  ☐ Yes  ☐ No

If No, Date of Termination: (MONTH/DAY/YEAR): __________________________

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**Nursing Assistant Attestation and Signature**

- I certify that the information put forth on this Michigan Nursing Assistant Registry Renewal Form is true and correct to the best of my knowledge.
- I understand that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by the state of Michigan.

**Signature of Nursing Assistant (in box below)**

Date: __________________________

**Questions:** For additional information, please visit our website at [www.prometric.com/nurseaide](http://www.prometric.com/nurseaide).

Please make a copy of all completed forms for your personal records.
Payment Form

*Candidate Name: ____________________________________________

*Date of Birth: ______________________

Credit Card Type (Check One)
☐ MasterCard   ☐ Visa   ☐ American Express

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Name of Cardholder (Print)

Signature of Cardholder

Certified Check or Money Order Payments
☐ Certified Check   ☐ 3rd Party/Facility Check   ☐ Money Order

Certified Check/Money Order/3rd Party/Facility Check Number (one number or letter in each box):

Fee(s) may be paid by money order or certified check made payable to Prometric. Your name and ID (if available) must be written on the form of payment. Personal checks and cash are not accepted. Fees are non-refundable and non-transferrable.

Please mail this completed form, any required documentation and $20 non-refundable processing renewal fee in the form of a money order, certified check or American Express, Visa or Mastercard to:

Prometric
Attn: Michigan Nurse Aide Registry Renewal
7941 Corporate Drive
Nottingham, MD 21236