



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.**



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.

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date of Termination: (MONTH/DAY/YEAR): _____		

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.

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

Card Number	Expiration Date □ □ / □ □
Amount \$ _____ . _____	C/C Security Code □ □ □ □
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/3 rd 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