North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Phone: 919-855-3969

NURSE AIDE I REGISTRY RECIPROCITY APPLICATION

DHSR Has 10 Business Days from Date of Receipt to Review the Application.

INSTRUCTIONS:

- Review Part 1 below and determine if you meet the eligibility requirements to be listed on the North Carolina Nurse Aide I Registry.
- If you meet the eligibility requirements, then complete and **submit all pages** of the application (pages 1 through 6) and any required supportive documentation. Incomplete applications **will not** be processed.
- Please use black or blue ink only. Other ink colors are not be readable via fax.
- Return completed application by mail or fax.
  - Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
  - Fax Number: 919-733-9764

Do Not Submit More Than One (1) Application Unless Instructed by DHSR.

PART 1: DETERMINE ELIGIBILITY

Consistent with Rule 10A NCAC 13O .0301, to be eligible to be listed on the North Carolina Nurse Aide I Registry, you must meet the **five (5)** criteria listed below.

1. You are listed as active and in good standing on another State registry of nurse aides.
   - A temporary listing on a State registry of nurse aides will not be accepted.

2. You have no pending or substantiated findings of abuse, neglect, exploitation, or misappropriation of resident or patient property recorded on any State registry of nurse aides.

3. You have been employed as a nurse aide for monetary compensation consisting of at least a total of eight hours of time worked performing nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the past two years (previous 24 consecutive months).
   - If you have not been employed as a nurse aide, then you are only eligible for reciprocity if you successfully passed a state-approved nurse aide I competency examination and was listed on the Nurse Aide I Registry in the State(s) of reciprocity in the past two years (previous 24 consecutive months).
   - Private duty nurse aide employment type does not meet the eligibility requirements for reciprocity.

4. You have a social security card and an unexpired government-issued identification containing a photograph and signature.
   - The name listed on your social security card and unexpired government-issued identification containing a photograph and signature must match.
   - The name listed on both identifications must match the name listed on the nurse aide registry in the State(s) of reciprocity.
   - If the names do not match, then you must submit documentation verifying any name changes (e.g., birth certificate, marriage license, divorce decree, notice of resumption of former name, etc.).

5. You completed a state-approved nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152 or a state-approved competency evaluation program that meets the requirements of 42 CFR 483.154.

PART 2: PERSONAL INFORMATION

- **Answer all questions.**
- **Print legibly.**
- **Include hyphens and suffixes in your legal name if applicable (No Nicknames).**

First Name:	**Middle Name:**	**Last Name:**

Prior Name(s) (if applicable):

First Name:	Middle Name:	Last Name:
First Name:	Middle Name:	Last Name:

Gender: ☐ Male ☐ Female	**Social Security Number: (include all 9 numbers)**	**Email Address:**
Telephone Number: (include area code)	**Date of Birth:** _____/_____/_____ mm dd yyyy	**Mother's Maiden Last Name:**
Did You Serve in the Military? ☐ Yes ☐ No **Did You Work in a Military Occupational Specialty (MOS) Where You Performed Nursing or Nursing-Related Tasks?** ☐ Yes ☐ No ☐ I Did Not Serve in the Military		**Are You Currently Married to an Active Member of the Military or a Military Veteran?** ☐ Yes ☐ No

Mailing Address:

Street/PO Box:		Apt. #:
City:		State:
Zip Code:	County:	

PART 3: STATE-APPROVED NURSE AIDE I TRAINING & COMPETENCY EVALUATION PROGRAM

Answer both questions below.

☐ YES ☐ NO	Did You Complete a State-Approved Nurse Aide I Training Program that Consisted of At Least 75 Hours of Training?
☐ YES ☐ NO	Did You Successfully Pass a State-Approved Nurse Aide I Competency Examination?

PART 4: NURSE AIDE I REGISTRIES

- **Complete the table and questions below.**
- **List <u>all</u> states that you have an active or expired nurse aide I registry listing. We will verify that you have no findings in the states where your listing is active or expired.**
- **For all <u>active</u> listings, you must include, with this application, documentation verifying that each registry listing is active and in good standing in the State of reciprocity. The documentation should be dated within 30 calendar days before the date your application is received by the Department.**
- **If your listing is <u>active</u> in the state of Alabama, then you must submit a signed letter from your current or former employer, on official company letterhead, indicating your nurse aide status is active in the state of Alabama.**

State Name or Abbreviation:	Is Your Registry Listing Current/Active?	Original Issue Date:	Expiration Date:	Registry Certification or Registration Number:
	☐ YES ☐ NO	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy	
State Name or Abbreviation:	Is Your Registry Listing Current/Active?	Original Issue Date:	Expiration Date:	Registry Certification or Registration Number:
	☐ YES ☐ NO	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy	
State Name or Abbreviation:	Is Your Registry Listing Current/Active?	Original Issue Date:	Expiration Date:	Registry Certification or Registration Number:
	☐ YES ☐ NO	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy	

☐ YES ☐ NO	Are You Listed on More Than **<u>Three</u>** State Nurse Aide Registries in an Active or Expired Status?

If you answered YES, then you must attach a separate sheet of paper providing the registry information for the States not listed in the table above.

☐ YES ☐ NO	Do You Have Any Pending or Substantiated Findings of Abuse, Neglect, Exploitation, or Misappropriation of Resident or Patient Property Recorded on Any State Registry of Nurse Aides?

If you answered YES to the question above, then list the States below.

States Where You Have a Pending or Substantiated Finding:

PART 5: EMPLOYMENT TYPE

- **Select the employment type where you performed nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the past 2 years only (previous 24 consecutive months). Private duty nurse aide employment does not meet the eligibility requirements for reciprocity.**
- **Select <u>all</u> that apply.**

☐ Adult/Family Care Home	☐ Home Health/Home Care	☐ Hospice
☐ Hospital	☐ Mental Health	☐ Nursing Home
☐ Other (please specify):		
☐ I Did Not Work as a Nurse Aide; I Successfully Passed a State-Approved Nurse Aide I Competency Evaluation Program and Was Listed on the Nurse Aide I Registry in the State(s) of Reciprocity in the Past 2 Years (Previous 24 Consecutive Months).		

PART 6: EMPLOYMENT HISTORY

- **Provide employer information where you performed nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the past 2 years only (previous 24 consecutive months). Do not include private duty nurse aide employment.**
- **If you did not work as a nurse aide, then leave blank.**

FACILITY/AGENCY/EMPLOYER #1

Name:		
Street/PO Box:		
City:	State:	Zip Code:
Date of Hire as a Nurse Aide (month/year):	Last Reported Date of Employment as a Nurse Aide (month/year):	

☐ YES ☐ NO	Is This Employer a Staffing Agency?

If you answered YES to the question above, then list the States below.

States Where You Worked for the Staffing Agency in the Past 2 Years (Previous 24 Consecutive Months):

☐ YES ☐ NO	Did You Work as a Nurse Aide for Monetary Compensation (i.e., For Payment or For Wages) in the Past 2 Years (Previous 24 Consecutive Months)?
☐ YES ☐ NO	Did You Work At Least a Total of 8 Hours Performing Nursing or Nursing-Related Tasks Delegated (i.e., Assigned) and Supervised by a Registered Nurse in the Past 2 Years (Previous 24 Consecutive Months)?

If you answered YES to either question above, then provide the First and Last Name of the Registered Nurse. It is not required that the RN sign below.

Registered Nurse First Name and Last Name:

FACILITY/AGENCY/EMPLOYER #2

Name:		
Street/PO Box:		
City:	State:	Zip Code:
Date of Hire as a Nurse Aide (month/year):	Last Reported Date of Employment as a Nurse Aide (month/year):	
☐ YES ☐ NO	Is This Employer a Staffing Agency?	

If you answered YES to the question above, then list the States below.

States Where You Worked for the Staffing Agency in the Past 2 Years (Previous 24 Consecutive Months):

☐ YES ☐ NO	Did You Work as a Nurse Aide for Monetary Compensation (i.e., For Payment or For Wages) in the Past 2 Years (Previous 24 Consecutive Months)?
☐ YES ☐ NO	Did You Work At Least a Total of 8 Hours Performing Nursing or Nursing-Related Tasks Delegated (i.e., Assigned) and Supervised by a Registered Nurse in the Past 2 Years (Previous 24 Consecutive Months)?

If you answered YES to either question above, then provide the First and Last Name of the Registered Nurse. It is not required that the RN sign below.

Registered Nurse First Name and Last Name:

NOTE:
You must attach a separate sheet of paper if you had more than **two** employers where you performed nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the past 2 years only (previous 24 consecutive months). Do not include private duty nurse aide employment.

PART 7: IDENTIFICATION

- **Include a copy of your social security card with the submission of your application.**
- **Include a copy of an unexpired government-issued identification containing a photograph and signature with the submission of your application.**
- **The name listed on your social security card and unexpired government-issued identification containing a photograph and signature must match.**
- **The name listed on both identifications must match the name listed on the nurse aide registry in the State(s) of reciprocity.**
- **If the names do not match, then you must submit documentation verifying any name changes (e.g., birth certificate, marriage license, divorce decree, notice of resumption of former name, etc.).**
- **Copies of identifications received by fax may not be readable. Please ensure copies of your identifications are readable before submitting your application. If your identifications are not readable, then you will be asked to submit your identifications again.**

The Following are Acceptable Government-Issued Identifications Containing a Photograph and Signature:

- Current, non-expired driver's license (or expired driver's license and temporary permit)
- U.S. government-issued Military I.D.
- State-issued identification card
- Passport (US or foreign, current, non-expired)
- Current, non-expired federal-issued employment authorization document (EAD) photo identification card
- Alien registration card

PART 8: APPLICANT SIGNATURE

I certify that all the information provided in this application is true and complete. I understand that if the information I have provided in this application is found to be fraudulent, then my listing will be removed from the North Carolina Nurse Aide I Registry and I will be required to pass a North Carolina state-approved nurse aide I training program and the North Carolina state-approved nurse aide I competency examination. I give my permission to any state registry to disclose all information requested in this application to the North Carolina Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section.

First Name (print): _____

Middle Name (print): _____

Last Name (print): _____

Signature: _____ **Date:** _____

REMINDER:
You Must Submit All Pages of the Application (Pages 1 through 6) For Review and Approval