NURSE AIDE I REGISTRY
RECIPROCITY APPLICATION FOR NURSE AIDES

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

INSTRUCTIONS:

➢ Review Part 1 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 this application and any required supportive documentation.
➢ You may submit this application and any required supportive documentation to DHSR via mail or fax.

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<tr>
<th>MAIL</th>
<th>FAX</th>
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| DHSR HCPEC  
2709 Mail Service Center  
Raleigh, NC 27699-2709 | 919-733-9764 |

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

PART 1: DETERMINE ELIGIBILITY

You must meet all criteria listed below.

1. You are listed on another State’s registry of nurse aides as active and in good standing.
2. You have no pending or substantiated findings of abuse, neglect, exploitation, or misappropriation of resident or patient property recorded on other State registries of nurse aides.
3. You have been employed as a nurse aide for monetary compensation consisting of at least a total of eight (8) hours of time worked performing nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the previous 24 consecutive months. If you have not been employed as a nurse aide in the previous 24 consecutive months, then indicate no prior work experience as a nurse aide on page 4 of this application.
4. You have a Social Security card and an unexpired government-issued identification containing a photograph and signature.
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.

NOTE:

➢ Temporary listings on other State registries of nurse aides will not be accepted.
➢ Private duty nurse aide employment type does not meet the eligibility requirements for reciprocity.
➢ The name listed on your Social Security card and government-issued identification containing a photograph and signature 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).
PART 2: PERSONAL INFORMATION

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

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<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
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Prior Name(s) (if applicable):

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<th>First Name:</th>
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<th>First Name:</th>
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<table>
<thead>
<tr>
<th>Gender:</th>
<th>Social Security Number: (include all 9 numbers)</th>
<th>Email Address:</th>
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<td>□ Male</td>
<td></td>
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<tr>
<td>□ Female</td>
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<th>Telephone Number: (include area code)</th>
<th>Date of Birth:</th>
<th>Mother’s Maiden Name:</th>
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Mailing Address:

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<tr>
<th>City:</th>
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<table>
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<tr>
<th>Zip Code:</th>
<th>County:</th>
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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?

- [ ] YES  [ ] NO Did you complete a state-approved nurse aide I competency examination?
PART 4: STATE REGISTRIES

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

<table>
<thead>
<tr>
<th>State Name or Abbreviation:</th>
<th>Original Issue Date:</th>
<th>Expiration Date:</th>
<th>Certification or Registration Number:</th>
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- □ YES □ NO Are you listed on more than five (5) State nurse aide registries with an active or expired status?
  
  If YES, then 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 YES, then list all State(s): __________________________________________________________
  
  __________________________________________________________
PART 5: EMPLOYMENT HISTORY

▪ Answer the questions below.
▪ Private duty nurse aide employment does not meet the eligibility requirements for reciprocity.

☐ YES ☐ NO  Have you been employed as a nurse aide for monetary compensation consisting of at least a total of eight (8) hours of time worked performing nursing or nursing-related tasks in the previous 24 consecutive months?

☐ YES ☐ NO  If you answered YES to the question above, then were the tasks you performed delegated and supervised by a Registered Nurse?

Select the employment type where you performed nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the previous 24 consecutive months only. Select all that apply.

☐ Adult/Family Care Home   ☐ Hospital   ☐ Home Health/Home Care

☐ Hospice   ☐ Mental Health   ☐ Nursing Home

☐ Other (please specify): ________________________________________________________________

☐ I Did Not Work as a Nurse Aide in the Previous 24 Consecutive Months

Provide employer information where you performed nursing or nursing-related tasks delegated and supervised by a Registered Nurse in the previous 24 consecutive months only. 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: _____/_______ mm yyyy

Last Reported Date of Employment as a Nurse Aide: _____/_______ mm yyyy

Registered Nurse Supervisor:  First Name: ____________________ Last Name: ____________________
Facility/Agency/Employer #2

Name: ________________________________________________________________

Street/PO Box: __________________________________________________________________________________________________

City: ___________________________ State: _________ Zip Code: ______________________

Date of Hire as a Nurse Aide: ______/_______ mm yyyy

Last Reported Date of Employment as a Nurse Aide: ______/_______ mm yyyy

Registered Nurse Supervisor: First Name: ___________________ Last Name: ______________________

Facility/Agency/Employer #3

Name: ________________________________________________________________

Street/PO Box: __________________________________________________________________________________________________

City: ___________________________ State: _________ Zip Code: ______________________

Date of Hire as a Nurse Aide: ______/_______ mm yyyy

Last Reported Date of Employment as a Nurse Aide: ______/_______ mm yyyy

Registered Nurse Supervisor: First Name: ___________________ Last Name: ______________________

Facility/Agency/Employer #4

Name: ________________________________________________________________

Street/PO Box: __________________________________________________________________________________________________

City: ___________________________ State: _________ Zip Code: ______________________

Date of Hire as a Nurse Aide: ______/_______ mm yyyy

Last Reported Date of Employment as a Nurse Aide: ______/_______ mm yyyy

Registered Nurse Supervisor: First Name: ___________________ Last Name: ______________________

NOTE:
If you had more than four (4) employers in the previous 24 consecutive months, then you must provide the employment information for each additional employer on a separate sheet of paper and submit with this application.
PART 6: IDENTIFICATION

- Include a copy of your Social Security card and 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 government-issued identification containing a photograph and signature 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 legible. Please ensure copies of your identifications are legible before submitting your application.

The following is a list of acceptable photo identifications with 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 7: 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 exam. 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): ____________________  Last Name (print): ____________________

Signature: ________________________________  Date: __________________________