

North Carolina Nurse Aide I Waiver
Application for Required Training
Health Care Personnel Education and Credentialing Section
PHONE (919)855-3969 FAX (919) 733-9764
2709 Mail Service Center, Raleigh NC 27699-2709
www.ncnar.org

Introduction: Consistent with Rule 10A NCAC 130 .0301, to be listed on the N.C. Nurse Aide I Registry, **all individuals** must complete, at minimum, a state-approved, 75-hour basic nurse aide course and pass the Nurse Aide I Competency Exam. In specific circumstances, some individuals may apply to take the exam without additional training. These individuals include:

- Nurse aides currently listed on any state's registry in an unexpired status and in good standing,
- Individuals who have completed state-approved nurse aide training in a state outside of N.C. within the last 24 months,
- Nurses with unencumbered, out-of-state licenses,
- Individuals holding a college degree in nursing, currently enrolled in a nursing program in a state outside of N.C., or have previously been enrolled in a nursing program, not currently licensed,
- EMT professionals with current, unencumbered credentials, and
- Military veterans who received nursing/medical training credentials while in service.

Only individuals belonging to one or more of the categories listed above may submit this application. **DUPLICATE WAIVERS CANNOT BE ACCEPTED.** Please read the instructions carefully and complete the form in its entirety.

Incomplete applications will be returned and will delay an official response to your request.

PERSONAL INFORMATION

Current Legal Name -NAME MUST MATCH SOCIAL SECURITY CARD AND DRIVERS LICENSE-INCLUDE HYPHENS AND SUFFIXES (NO NICKNAMES)

Last _____ First _____ Middle Initial _____

Previous Name(s) (if applicable)

Last _____ First _____ Middle Initial _____

Last _____ First _____ Middle Initial _____

Last _____ First _____ Middle Initial _____

Current Mailing Address

Street/PO Box _____ Apt # _____

City _____ State _____ Zip Code _____

Last four digits of your social security number _____

Date of birth ____/____/____

Home/Cell Phone Number (____) _____ Work Phone Number (____) _____

Email Address _____

NURSE AIDES

List all states, listing numbers and dates where you have been or are currently listed on a Nurse Aide Registry.

(Use a separate sheet of paper if needed)

State _____ Registry # _____ expiration date _____

State _____ Registry # _____ expiration date _____

State _____ Registry # _____ expiration date _____

Have you ever completed state-approved nurse aide training? _____ Yes _____ No

If you have ever been listed on the NC Nurse Aide Registry, please verify that your name is correct by visiting www.ncnar.org or calling 919-855-3969

If yes, in what state did you train? _____ When did you complete your training? _____

_____ I have completed state-approved training within the last **24 months**. _____ I have attached/submitted my official certificate/diploma which contains the school/program seal, training dates and/or an official school transcript.

(We will be verifying the authenticity of the documents.)

Have you ever been CONVICTED of abuse or neglect of a person in your care, theft from a person in your care, or child abuse or neglect? _____ Yes _____ No

If yes, of what were you convicted? Check all that apply.

_____ Abuse of a person in your care _____ Theft from a person in your care _____ Neglect of a person in your care

State(s) where you were convicted _____ Date(s) of conviction _____

Do you have a SUBSTANTIATED FINDING OF CLIENT ABUSE, NEGLECT OR MISAPPROPRIATION OF CLIENT'S PROPERTY listed on a nurse aide registry in any state? _____ YES _____ NO

If yes, in what state(s) _____

EMERGENCY MEDICAL SERVICES

_____ I hold a current EMT credential which can be verified at www. _____

Credential # _____ State _____ Expiration date _____

NURSING LICENSE/DEGREE

_____ I am currently licensed or expired (check with license) _____ RN _____ LPN/LVN

License # _____ State _____ Year _____

_____ I am not a licensed nurse, however; I was enrolled or have completed a degree in nursing.

Degree held _____ College _____ State _____ Year _____

_____ I have attached my official college transcript

_____ I am a nursing student currently attending school outside of North Carolina.

Expected date of graduation _____ / _____ / _____ School _____ State _____

(North Carolina nursing students currently attending a nursing program should contact their school)

_____ I have attached my official college transcript.

MILITARY TRAINED

_____ I have completed healthcare/nursing/medical training in the US Armed Forces.

Branch _____ Credential/Position _____

Year _____ I attached official military DD-214/other official training documentation

APPLICANT'S SIGNATURE

I certify that all the information provided on this application is true and complete. I understand that if the information I have provided is found to be fraudulent, my listing will be removed from the registry and I will be required to pass state-approved training and the competency exam. I give my permission to any state registry to disclose all information requested on this application to the North Carolina Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section. I understand that, if I am an out-of-state nurse aide approved to register for the Nurse Aide Exam with waived training, I must pass the exam within 45 days or within two years of my training completion date, whichever comes first. If I am currently listed on the N.C. Nurse Aide I Registry, I must pass the exam prior to my listing's expiration date.

Please carefully consider when you plan to take the competency exam. You will receive an email from Pearson VUE once you have been approved. Follow the link found in that email to proceed to register.

List a two-week range of the dates you plan to test (comments such as "asap" or "anytime" are not acceptable)

_____ / _____ / _____ through _____ / _____ / _____ **You will need to choose a test site in North Carolina.**

Original Signature of Applicant _____ Date _____

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