

NURSE AIDE I REGISTRY TRAINING WAIVER APPLICATION

INSTRUCTIONS:

- Review Part 1 below and determine if you meet the eligibility requirements to receive a state-approved nurse aide I training waiver in North Carolina.
- If you meet the eligibility requirements, then complete and submit all pages of this application and any required supportive documentation.
- You may submit the application and any required supportive documentation to DHSR via 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 listed on the North Carolina 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 Examination. In specific circumstances, some individuals may apply to take the examination without additional training. These individuals must meet one (1) or more of the criteria listed below.

1. Completed state-approved nurse aide training in a state other than North Carolina within the previous 24 months.
2. Nurse with unencumbered, out-of-state license.
3. Holds a college degree in nursing but is not currently licensed.
4. Currently enrolled in a nursing program in a state other than North Carolina.
5. Previously been enrolled in a nursing program but is not currently licensed.
6. EMT professional with current, unencumbered credentials.
7. Military veteran who received nursing/medical training credentials while in service.
8. Nurse aide with an active (not expired) listing on the North Carolina Nurse Aide I Registry who does not meet the requirements for renewal.

Duplicate Applications for Review and Approval WILL NOT Be Accepted.

PART 2: PERSONAL INFORMATION

- Print legibly.
- Include hyphens and suffixes in your legal name (No Nicknames).
- Your legal name must match your social security card and driver's license on the day you take the North Carolina competency examination.

First Name:	Middle Name:	Last Name:
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Prior Name(s) (if applicable):

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

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____ / ____ / ____ mm dd yyyy	Social Security Number: (include all 9 numbers)
Home Telephone Number: (include area code)	Work Telephone Number: (include area code)	Mother's Maiden Name:
Email Address:		

Mailing Address:

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

PART 3: STATE-APPROVED NURSE AIDE TRAINING

- Answer the questions below.
- Nurse aide training must have been completed within the previous 24 months in a state other than North Carolina.
- You must submit a copy of the official certificate/diploma which contains the school/program seal and training dates and/or a copy of the official school transcript. We will verify the authenticity of the documents.
- If you are currently listed in active status on another State’s Nurse Aide I Registry, then please submit the reciprocity application instead of the training waiver application.

YES NO Did You Complete a State-Approved Nurse Aide I Training Program that Consisted of at Least 75 Hours of Training in the Previous 24 Months?

If YES, Then Complete the Table Below.

Name of Training Program:	Training Program Completion Date: (date of passing grade or score)
The State Where You Completed Training:	_____ / _____ / _____ mm dd yyyy

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 Complete the Table Below.

YES NO Have You Been Convicted of Abuse, Neglect, Exploitation or Misappropriation of Resident or Patient Property from a Person in Your Care?

If YES, Then Complete the Table Below.

State Name or Abbreviation:	Certification or Registration Number:	Date of Substantiation or Conviction: _____ / _____ mm yyyy	Select All That Apply: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Theft
State Name or Abbreviation:	Certification or Registration Number:	Date of Substantiation or Conviction: _____ / _____ mm yyyy	Select All That Apply: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Theft

PART 4: EMERGENCY MEDICAL SERVICES

Answer the questions below.

YES NO I Hold a Current, Unencumbered EMT Credential.

If YES, Then Complete the Table Below.

State Name or Abbreviation:	Original Issue Date: ____/____/____ mm dd yyyy	Expiration Date: ____/____/____ mm dd yyyy	Credential Number:
EMT Verification Website:			

PART 5: NURSING LICENSE

Answer the questions below.

YES NO I Am a Current Licensed or Expired Registered Nurse (RN).

If YES, Then Complete the Table Below.

YES NO I Am a Current Licensed or Expired Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN).

If YES, Then Complete the Table Below.

State Name or Abbreviation:	Original Issue Date: ____/____/____ mm dd yyyy	Expiration Date: ____/____/____ mm dd yyyy	Credential Number:
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PART 6: NURSING DEGREE

- Answer the questions below.
- You must submit a copy of the official school transcript with the submission of this application. We will verify the authenticity of the documents.
- Nursing students currently attending school in North Carolina should contact their school before applying.

YES NO I Am Not a Licensed Nurse. However, I Was Enrolled or Completed a Degree in Nursing.

If YES, Then Complete the Table Below.

State Name or Abbreviation:	Graduation Year:	Degree Held:	Name of School:
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