North Carolina Nurse Aide I Registry Waiver Application for Required Training

INSTRUCTIONS: Review the eligibility criteria below to determine if you qualify for a training waiver. If you meet the criteria, then complete and submit pages 1 through 5 of this application along with any required supportive documentation. You may mail or fax the application. Incomplete applications will not be approved and will delay an official response to your request.

NOTE: Duplicate applications will not be accepted.

PART 1: DETERMINE ELIGIBILITY

Only applicants that meet one (1) or more of the criteria listed below may submit this application.

1. Individuals who completed state-approved nurse aide training in a state other than North Carolina within the previous 24 consecutive months.
3. Individuals holding a college degree in nursing but are not currently licensed.
4. Individuals currently enrolled in a nursing program in a state other than North Carolina or have previously been enrolled in a nursing program but are not currently licensed.
5. EMT professionals with current, unencumbered credentials.
6. Military veterans who received nursing/medical training credentials while in service.
7. Nurse aides with an active (not expired) status on the North Carolina Nurse Aide I Registry who do not meet the requirements for renewal must submit this application within 45 days of the registry listing expiration date. Once approved, they must pass the competency exam prior to the registry listing expiration date.

NOTE: Individuals who are listed in active (not expired) status and in good standing status on another State’s registry of nurse aides should complete the Nurse Aide I Registry Reciprocity Application for Nurse Aides.

PART 2: PERSONAL INFORMATION

- Please print legibly.
- Please include hyphens and suffixes in your legal name (No Nicknames).
- Your legal name must match your Social Security Card and Driver’s License.

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

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Continue to Next Page
### Social Security Number: [ ]

### Date of Birth: [ ]

- mm
- dd
- yyyy

### Gender: [ ]

- Male  
- Female

### Home/Cell Telephone Number: (include area code)

### Work Telephone Number: (include area code)

### Mother’s Maiden Name:

### Email Address:

### Mailing Address:

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<th>Street/PO Box:</th>
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### PART 3: REGISTRY INFORMATION

List all states that you have an active or expired nurse aide registry listing.

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<th>Original Issue Date:</th>
<th>Registry Expiration Date:</th>
<th>Certification or Registration Number:</th>
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### NOTE:

- Individuals who are listed in active (not expired) status and in good standing status on another State’s registry of nurse aides should complete the Nurse Aide I Registry Reciprocity Application for Nurse Aides.
- You may attach a separate sheet of paper if you are listed on more than five (5) State nurse aide registries.

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DO YOU HAVE ANY PENDING OR SUBSTANTIATED FINDINGS OF ABUSE, NEGLECT, EXPLOITATION, OR MISAPPROPRIATION OF RESIDENT OR PATIENT PROPERTY RECORDED ON ANOTHER STATE’S REGISTRY OF NURSE AIDES?

If YES, please list the State(s):

Have you been convicted of abuse, neglect, exploitation or misappropriation of resident or patient property from a person in your care?

If YES, please list the State(s):

If YES, please list the date(s) of conviction:

If YES, check all that apply:

Abuse  Neglect  Exploitation  Theft

PART 4: STATE-APPROVED NURSE AIDE TRAINING & COMPETENCY EVALUATION PROGRAM

Did you complete a state-approved nurse aide training program?

Did you complete a state-approved nurse aide competency exam?

Name of Training Program:

The State Where You Completed Training:

Training Program Completion Date: (date of passing grade or score)

NOTE:

• If you completed a state-approved nurse aide training program within the previous 24 consecutive months, then you must submit a copy of the official certificate/diploma which contains the school/program seal, training dates and/or a copy of the official school transcript with the submission of this application. We will verify the authenticity of the documents.

• Nurse aides with an active (not expired) status on the North Carolina Nurse Aide I Registry who do not meet the requirements for renewal must submit this application within 45 days of the registry listing expiration date. Once approved, they must pass the competency exam prior to the registry listing expiration date.

PART 5: EMERGENCY MEDICAL SERVICES

I hold a current, unencumbered EMT credential. Please complete the table below.

State:  Original Issue Date:  Expiration Date:  Credential Number:

EMT Verification Website:

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PART 6: NURSING LICENSE/DEGREE

_____YES  _____NO  I am a current licensed or expired Registered Nurse (RN).
Please complete table #1 below.

_____YES  _____NO  I am a current licensed or expired Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN).
Please complete table #1 below.

Table #1

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<th>State:</th>
<th>Expiration Date:</th>
<th>License Number:</th>
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_____YES  _____NO  I am not a licensed nurse, however; I was enrolled or have completed a degree in nursing.
Please complete table #2 below.

NOTE:
You must submit a copy of the official school transcript with the submission of this application. We will verify the authenticity of the document.

Table #2

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<tr>
<th>State:</th>
<th>Graduation Year:</th>
<th>Degree Held:</th>
<th>Name of School:</th>
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_____YES  _____NO  I am a nursing student currently attending school in a state other than North Carolina.
Please complete table #3 below.

NOTE:
- You must submit a copy of the official school transcript with the submission of this application. We will verify the authenticity of the document.
- Nursing students currently attending school in North Carolina should contact their school.

Table #3

<table>
<thead>
<tr>
<th>State:</th>
<th>Expected Graduation Date:</th>
<th>Proposed Degree:</th>
<th>Name of School:</th>
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PART 6: MILITARY TRAINED

_____YES  _____NO  I have completed nursing/medical training in the US Armed Forces.
Please complete the table below.

NOTE:
You must submit your official military DD-214/other official training documentation with the submission of this application.

<table>
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<tr>
<th>Military Branch:</th>
<th>Credential/Military Occupational Specialty (MOS):</th>
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PART 7: COMPETENCY EXAM DATES

Please carefully consider when you plan to take the competency exam. You will receive an email from Pearson VUE once you have been approved and can register for the competency exam in North Carolina.

Provide a two-week range of the dates you plan to take the competency exam in North Carolina.

______/______/______ through ______/_____/______
mm dd yyyy through mm dd yyyy

NOTE:
Comments such as “ASAP” or “Anytime” will not be accepted.

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 is found to be fraudulent, my listing will be removed from the North Carolina Nurse Aide I Registry and I will be required to pass a state-approved nurse aide training program and a state-approved nurse aide 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. I understand that I must pass the competency exam within 45 days of my application approval date or within two years of my training completion date, whichever comes first. I understand that no extensions beyond the 45 days will be approved. I understand that if I am currently listed on the North Carolina Nurse Aide I Registry, I must pass the competency exam prior to the registry listing expiration date.

Original Signature of Applicant:

First Name (print): ____________________________ Last Name (print): ______________________________________

Signature: __________________________________ Date: ________________________

DHSR STAFF ONLY

- Date Application Received: __________________________
- Date Supportive Documentation Received: __________________________
- Date of Decision: __________________________
- Decision: [ ] Approved [ ] Denied
- Additional Comments:
  _______________________________________________________
  _______________________________________________________
  _______________________________________________________
  _______________________________________________________