Rev 1-16-08

APPLICATION FOR NURSE AIDE REGISTRY FOR INTERSTATE ENDORSEMENT

This application is required to implement programs authorized by Sections 1819(f) and 1919(f) of Public Law 100-203, the Omnibus Reconciliation Act of 1987. Although you may refuse to supply the information requested below, failure to provide requested information may result in denial of your request to be placed on the Registry. The data supplied becomes part of your permanent file which is a public record.

Please type or print clearly, attach copies of any certificates or wallet cards you have, and forward this application to the address or fax number below. If you were initially trained in Iowa, you must also attach a photocopy of the actual certificate you received to prove you successfully completed a 75-hour course. We will contact the Nurse Aide Registry in the state in which you received your training and any other states in which you have done nurse aide work. Since applications are processed in the order received, it normally takes about two weeks to process your application. We do not issue licensure cards for Nurse Aides. We will send you a screenprint from the website once it has been issued. You may check the website which is updated daily at www.dhhs.ne.gov/lis/lisindex.htm Click on "General License Information".

1. **Name:** _____
   (Last) (First) (Middle)

   _____
   (Maiden) (Other previously-used last name or names)

2. **Mailing Address:** _____
   (Street Address or PO Box Number) (Apartment #)

   _____
   (City) (State) (Zip Code)

3. **Telephone Number:** _____ 4. **Social Security Number:** _____

5. **Date of Birth:** _____ 6. **Place of Birth (City/State):** _____

7. **Training:** _____
   (Name of Initial Training Course Completed)

   _____
   (Initial Course Sponsor) (Total Number of Course Hours)

   _____
   (City/State of Initial Course Sponsor) (Course Completion Date)

8. **State Originally Approved:** _____ 9. **Date Approved:** _____

10. **Registration/Certification Number (if applicable):** _____

11. **List all other states in which you are approved or have worked as a Nurse Aide:**

State	Date Approved or Dates Worked	Registration or Certification #

12. **Have you been employed as a Nursing Assistant during the past 24 months? Yes_____ No_____**

13. **Please list employers who can verify your employment during the past 24 months. These employers may be contacted for confirmation at the discretion of the Division.**

Name of Employer	Address	Phone #	Dates Worked (Month/Year)
			From: _____ To: _____
			From: _____ To: _____

14. **I hereby authorize the Department of Health & Human Services to request information regarding my Nurse Aide registry status from the states identified in #8 and #11.**

_____
(Applicant Signature)

_____
(Date Signed)

Return this form to:

Nebraska Nurse Aide Registry
ATTN: Nancy Stava
PO Box 94986
Lincoln NE 68509-4986

Phone: 402-471-4971 Fax: 402-471-1066