Rev 02-12

APPLICATION FOR NEBRASKA NURSE AIDE REGISTRY BY 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 could take up to two weeks to process your application. We do not issue licensure cards for Nurse Aides. We will enter your name on our website as a Nurse Aide once your application is complete. You may check the website which is updated daily at: http://dhhs.ne.gov/publichealth/Pages/lis_lisindex.aspx Click on "License Search".

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 (Required):**_____

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

7. Training:_____
(Name of Initial Nurse Aide Training Course Completed, such as "75 hour nurse aide course")

_____
(Name of Facility/College Where Course Taken) (Total Number of Course Hours)

_____
(City/State Where Course Taken) (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 nurse aide employers who can verify your employment during the past 24 months.

Name of Employer	Address	Phone #	Dates Worked (Month/Day/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 and the employers identified in #13. (These employers may be contacted at our discretion.)

_____
(Applicant Signature)

_____
(Date Signed)

Return this form to:

Nebraska Nurse Aide Registry
ATTN: Wanda Vodehnal
PO Box 94986
Lincoln NE 68509-4986
E-Mail: wanda.vodehnal@nebraska.gov
Phone: 402-471-4971 Fax: 402-471-1066