



Delaware Nurse Aide Registry

Part I. To be completed by NURSE AIDE (must be GNA if from the State of MD)

Instructions:

- Complete by clearly printing all information in Part I.
Sign at the bottom of Part I to verify that the information provided is accurate.
Attach a legible photocopy of a picture ID that shows your birth date and the correct spelling of your name.
Forward entire application to your employer or training program (if program was at least 150 hours) to complete Part II.
All data fields must be complete for application to be processed.

NAME: _____/_____/_____
(Last) (First) (Middle)

CURRENT CNA CERTIFICATION NUMBER: _____

Date of Birth ___/___/___ Gender: Male ___ Female ___

Email Address: _____
If completed, follow-up communications will be conducted electronically

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) ____-____ Work Phone (____) ____-____

- 1) Are you currently certified as a nurse aide? Yes No
What state(s)? _____
2) Have you ever had a negative finding entered against you on any state registry? Yes No
3) Have you ever been convicted of a criminal offense including any guilty pleas and no contest pleas? Yes No
If yes, give details on separate paper
4) I have performed 420 hours of nursing or nursing related services under the supervision of a licensed nurse or physician within 10 years from the date of this application. Yes No
5) Have you completed a training and competency evaluation program of at least 150 hours within the past 10 years? Yes No
6) Please list all states in which you have been certified:

I certify that all of the information provided above is true and complete. I give my permission to any employer and any state registry to disclose all information requested on this application.

Signature - Nurse Aide

Date

Part III. To be completed by current nurse aide registry.

Instructions:

- Check or complete all items that apply.
- Provide authorized signature at the bottom of this section
- Affix official agency stamp or seal and forward with all attachments to:

Delaware Nurse Aide Registry, Windsor Building, 24 NW Front Street, Milford, DE 19963.

Do not return to applicant.

- The applicant identified in Part I is not listed on our state Nurse Aide Registry.
- The nurse aide identified in Part I has met the training and testing requirements (or equivalent per the Omnibus Budget Reconciliation Acts of 1987, 1989) and was initially placed on our registry on: _____ Expiration Date _____
- The method of registration was: Examination Deemed Reciprocity from _____
- The applicant is currently listed in good standing on your state registry.
- The applicant is currently under investigation or disciplinary action is pending against the applicant.**

The applicant's record **does** (please explain in comments) **does not** contain documentation of resident abuse, neglect or personal property misappropriation or other adverse information that may preclude nurse aide certification eligibility (e.g., criminal history).

Comments: _____

Print Name – Nurse Aide Registry Representative _____
Title _____ State _____
Agency _____ Date _____

Signature

Affix State/Official Stamp
or Seal Here

**Division of Long Term Care Residents Protection
Windsor Building
24 NW Front Street
Milford, DE 19963**

STATE NURSE AIDE REGISTRIES	
<p>ALABAMA Nurse Aide Registry 201 Monroe Street Suite 600 Montgomery, AL 36130-3017 (334) 206-5169 FAX: (334) 206-5219</p>	<p>ALASKA Nurse Aide Registry 500 W. 7th Avenue Suite 1500 Anchorage, AK 99501-5934 (907) 269-8169 FAX: (907) 269-8196</p>
<p>ARIZONA State Board of Nursing 4747 N. 7th Street, Suite 150 Phoenix, AZ 85014 (602) 889-5150 FAX: (602) 889-5155</p>	<p>ARKANSAS Office of Long Term Care Slot 405 PO Box 8059 Little Rock, AR 72203-8059 (501) 682-8484 FAX: (501) 682-8551</p>
<p>CALIFORNIA Department of Public Health PO Box 997416 Mailstop 3301 Sacramento, CA 95899 (916) 327-2445; 4319 FAX: (916) 327-4320</p>	<p>COLORADO Board of Nursing 1560 Broadway, Suite 1350 Denver, CO 80202 (303) 894-2816 FAX: (303) 894-7693</p>
<p>CONNECTICUT Department of Public Health PO Box 340308 Hartford, CT 06134-0308 (860) 509-7596 FAX: (860) 509-7607</p>	<p>DELAWARE Division of Long Term Care 3 Mill Road, Suite 308 Wilmington, DE 19806 (302) 577-6666 FAX: (302) 577-6672</p>
<p>DISTRICT OF COLUMBIA Promissor/Nurse Aide Registry 3 Bala Plaza West Philadelphia, PA 19101-3481 (888) 274-6060</p>	<p>FLORIDA Department of Health MQA/CNA Program 4052 Bald Cypress Way BIN #C13 Tallahassee, FL 32399-3263 (850) 245-4567 FAX: (850) 488-4281</p>
<p>GEORGIA Georgia Health Partnership PO Box 7000 McRae, GA 31055 (800) 414-4358</p>	<p>HAWAII Department of Commerce & Consumer Affairs Professional and Vocational Licensing Branch PO Box 3469 Honolulu, HI 96801 (808) 739-8122 FAX: (808) 734-8318</p>

<p>IDAHO Idaho Board of Nursing PO Box 83720 Boise, ID 83720-0036 (800) 748-2480 FAX: (208) 334-6629</p>	<p>ILLINOIS Department of Public Health Education & Training Section 525 West Jefferson Springfield, IL 62761 (217) 785-5133 FAX: (217) 782-0382</p>
<p>INDIANA Department of Health Division of Long Term Care 2 N Meridian Street, 4th Floor Indianapolis, IN 46204 (317) 233-7479 FAX: (317) 233-7750</p>	<p>IOWA Dept. of Inspections & Appeals Health Facilities Division Lucas State Office Bldg 321 East 12th Street Des Moines, IA 50319-0083 (515) 281-4077 FAX: (515) 242-5022</p>
<p>KANSAS Department of Health 1000 SW Jackson Suite 330 Topeka, KS 66612-1290 (785) 296-6877 FAX: (785) 296-3075</p>	<p>KENTUCKY Nurse Aide Registry 312 Whittington Parkway Suite 300-A Louisville, KY 40222 (502) 429-3347 FAX: (502) 696-3956</p>
<p>LOUISIANA Nurse Aide Registry 5647 Superior Drive Baton Rouge, LA 70816 (225) 295-8575 FAX: (225) 295-8578</p>	<p>MAINE Registry of CNAs 442 Civic Center Drive #11 State House Station Augusta, ME 04333-0011 (207) 287-9310 FAX: (207) 287-9325</p>
<p>MARYLAND Nurse Aide Registry 4140 Patterson Ave Baltimore, MD 21215 (410) 585-1918 FAX: (410) 7624-8042</p>	<p>MASSACHUSETTS Nurse Aide Registry 99 Chauncey Street, 2nd FL Boston, MA 02111 (617) 753-8144 FAX: (617) 753-8096</p>
<p>MICHIGAN Dept of Consumer & Industry Services Bureau of Health Systems PO Box 30670 Lansing, MI 48909 (800) 748-0252</p>	<p>MINNESOTA Nurse Aide Registry PO Box 64501 St. Paul, MN 55164-0501 (651) 215-8705 or (800) 397-6124 FAX: (651) 215-8709</p>
<p>MISSISSIPPI Promissor/Nurse Aide Registry 3 Bala Plaza West, Suite 300 Bala Cynwyd, PA 19004-3481 (888) 204-6213</p>	<p>MISSOURI Health Education Unit PO Box 570 Jefferson City, MO 65102 (573) 522-6203 FAX: (573) 526-7656</p>

<p>MONTANA Department of Public Health & Human Services Certification Bureau 2401 Colonial Dr, 2nd Floor Helena, MT 59620-2953 (406) 444-4980 FAX: (406) 444-3456</p>	<p>NEBRASKA Health & Human Services System Department of Reg & Licensure PO Box 94986 Lincoln, NE 68509-4986 (402) 471-4364 or 1066 FAX: (402) 471-3577</p>
<p>NEVADA State Board of Nursing 2500 West Sahara Ave, Suite 207 Las Vegas, NV 89102 (702) 486-5800 or (800) 590-6726 FAX: (702) 486-5803</p>	<p>NEW HAMPSHIRE Board of Nursing 21 S. Fruit Street, Suite 16 Concord, NH 03301 (603) 271-2323 FAX: (603) 271-6605</p>
<p>NEW JERSEY Promissor/Nurse Aide Registry 3 Bala Plaza West, Suite 300 Bala Cynwyd, PA 19004 (800) 274-5984</p>	<p>NEW MEXICO Nurse Aide Registry 2040 S. Pachero St. Santa Fe, NM 87505 Main: (505) 476-9039 Manager's: (505) 827-1416 Automated: (505) 827-1453 FAX: (505) 827-1419</p>
<p>NEW YORK The Chauncey Group Int'l 664 Rosedale Road Princeton, NJ 08540 (800) 918-8818</p>	<p>NORTH CAROLINA Division of Facility Services 2709 Mail Service Center Raleigh, NC 27699-2709 (919) 715-0562 FAX: (919) 733-9764</p>
<p>NORTH DAKOTA Department of Health Division of Health Facilities 600 E. Boulevard Ave Department 301 Bismarck, ND 58505-0200 (701) 328-2853 FAX: (701) 328-1890</p>	<p>OHIO Department of Health Nurse Aide Program 246 North High Street , 1st Floor Columbus, OH 43215-2412 (614) 752-9500 or (800) 582-5908 FAX: 614-995-5085</p>
<p>OKLAHOMA State Department of Health Nurse Aide Registry 1000 NE 10th Street Oklahoma City, OK 73117-1299 (405)271-4085 or (800) 695-2157 FAX: (405) 271-1130</p>	<p>OREGON State Board of Nursing 17938 SW Upper Boones Ferry Road Portland, OR 97224 (503) 731-3459 or 4745 FAX: (503) 731-4755</p>
<p>PENNSYLVANIA Promissor/Nurse Aide Registry PO Box 13785 Philadelphia, PA 19101-3785 (877) 329-8760</p>	<p>RHODE ISLAND Department of Health Professions 3 Capitol Hill, Room 105 Providence, RI 02908-5097 (401) 222-5888 FAX: 401-222-3352</p>
<p>SOUTH CAROLINA Promissor/Nurse Aide Registry 3 Bala Plaza West, Suite 300 Philadelphia, PA 19101-3481 (800) 475-8290</p>	<p>SOUTH DAKOTA Board of Nursing 4305 South Louise, Suite 201 Sioux Falls, SD 57106 (605) 362-2760 FAX: (605) 362-2768</p>

<p>TENNESSEE Nurse Aide Registry 227 French Landing Ste 501 Heritage Place - Metrocenter Nashville, TN 37243 (615) 532-5171 or (800) 778-4504 FAX: (615) 248-3601</p>	<p>TEXAS Department of Human Services Nurse Aide Registry PO Box 149030, MC Y-977 Austin, TX 78714-9030 (512) 834-6681 (800) 452-3934 FAX: (512) 834-6764</p>
<p>UTAH Health Technology Certification Center 550 E 300 South Kaysville, UT 84037-2699 (801) 547-9947 FAX: (801) 593-2400</p>	<p>VERMONT State Board of Nursing 81 River Street Montpelier, VT 05609-1106 (802) 828-2819 FAX: (802) 828-2484</p>
<p>VIRGINIA Board of Nursing Nurse Aide Registry 6603 West Broad Street 5th Floor Richmond, VA 23230-1712 (804) 662-7310 FAX: (804) 662-9512</p>	<p>VIRGIN ISLANDS Board of Nurse Licensure PO Box 4247 Veterans Dr Station St. Thomas, VI 00803 (340) 776-7397 FAX: (340) 777-4003</p>
<p>WASHINGTON OBRA-Nurse Aide Registry PO Box 45600 Olympia, WA 98504-5600 (360) 725-2596 FAX: (360) 493-2581</p>	<p>WEST VIRGINIA Office of Health Facilities Licensure & Certification 350 Capitol Street, Room 206 Charleston, WV 25301 (304) 558-0688 FAX: (304) 558-1442</p>
<p>WISCONSIN Promissor WI Nurse Aide Registry PO Box 13785 Philadelphia, PA 19101-3785 (877) 329-8760</p>	<p>WYOMING State Board of Nursing 2020 Carey Avenue, Suite 110 Cheyenne, WY 82002 (307) 777-7601 FAX: (307) 777-3519</p>