Wisconsin Nurse Aide Registry – Out of State Application

Please follow directions carefully. Incomplete forms will be returned and will delay or prevent your transfer to the Wisconsin Nurse Aide Registry (WNAR). Please refer to the Reciprocity/Out-of-State Transfer section of the Wisconsin Nurse Aide Candidate Handbook to determine your eligibility.

Nurse Aide Applicant:
1. Complete all items in Section A. Please print legibly.
2. Sign at the bottom of Section A to verify the information is true and correct.
3. Attach a copy of your nurse aide training documentation that includes the date of completion and number of hours of nurse aide training. Please note, your application will not be processed without a copy of your training program’s certificate/diploma or transcript/letter (must be on letterhead).
4. Mail this application with the required documents.
   a. If you are transferring from Arizona, California, Colorado, District of Columbia, Florida, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Pennsylvania, or Tennessee mail this form directly to the Wisconsin Registry.
      Wisconsin Department of Health Services
      Office of Caregiver Quality
      PO Box 2969
      Madison, WI 53701
   b. Individuals transferring from all other states (not listed above) must mail their completed application to the state they received their initial basic nurse aide training from. Other state Registry personnel will complete Section B and send to DHS.


Once your application has been processed by the Wisconsin Department of Health Services (DHS), you will receive a text or email notification indicating that a TMU © account has been created for you. Individuals can check to see if their name has been added to the Wisconsin Nurse Aide Registry at wi.tmuniverse.com. Some individuals transferring from other states may be required to successfully complete a competency evaluation examination prior to being added to the WNAR. If you are required to test, DHS will mail a letter to the address in your application which outlines this in further detail. You will have one (1) year from the date of the letter to pass the exam.

State Registry Personnel:
1. Please do not remove attached documents.
2. Complete Section B - Check or complete all items that apply.
3. Affix official agency stamp or seal.
4. Have authorized person sign and date the bottom
5. Mail this request to the Wisconsin Nurse Aide Registry
   Wisconsin Department of Health Services
   Office of Caregiver Quality
   PO Box 2969
   Madison, WI 53701
Section A – Applicant Information (nurse aide completes this section)

1. Complete Section A (please print legibly).
2. Sign at the bottom to verify the information is true and correct.
3. Attach a copy of nurse aide (NA) training documentation that includes date of completion and number of hours of training.
4. Mail this application with the required documents.
   - If you are transferring from AZ, CA, CO, DC, FL, IL, LA, MS, MO, NC, PA, or TN mail this form directly to the Wisconsin Registry.
   - Individuals transferring from all other states (not listed above) must mail their completed application to the state they received their initial basic nurse aide training from. Other state Registry personnel will complete Section B and send to WI DHS.

Instructions:

- Attach a copy of your training program's certificate/diploma or official transcript/letter.

Section B – State Nurse Aide Registry Information (Registry Personnel complete this section)

Instructions:

1. Please do not remove attached documents.
2. Check or complete all items that apply.
3. Affix official agency stamp or seal.
4. Have authorized person sign and date the bottom
5. Mail this application request to the Wisconsin Nurse Aide Registry

Is the applicant named in Section A listed on Wisconsin's Nurse Aide Registry? ☐ Yes ☐ No
NA Training Completion Date (mm/dd/yyyy)
NA Training State
NA Training Documentation Included
☐ Certificate/Diploma
☐ Transcript/Letter
Have you ever been listed on Wisconsin’s Nurse Aide Registry? ☐ Yes ☐ No
Registry # (if applicable)
What state were you first listed on the Nurse Aide Registry?
What state are you currently listed on the Nurse Aide Registry?
List other states where you have been listed on the Nurse Aide Registry.

I certify that all the information provided on this application is true and complete. I give my permission to any state Registry to disclose all information requested on this application to Wisconsin Department of Health Services.

Signature

Today’s Date

Section C – Competency Evaluation Date (mm/dd/yyyy)

The method of registration was:
☐ Examination ☐ Deemed ☐ Grandfathered ☐ Reciprocity from: ____________________________ (Please identify state)

The Registry for this state has substantiated a finding of abuse, neglect, or misappropriation of client’s property for the applicant.
☐ Yes ☐ No If Yes, please attach a summary

Print name of official completing this application

Title

Agency

State

Telephone Number

Signature

Date

After completion and signature, please mail this application to:
Wisconsin Department of Health Services
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701

Affix state stamp or seal here