



WISCONSIN NURSE AIDE FORM 9110WI

NURSE AIDE REGISTRY OUT-OF-STATE APPLICATION

This application must be completed by persons who want to be entered on the Wisconsin Nurse Aide Registry (WNAR) through the Wisconsin Out-of-State application process. Please refer to the Reciprocity/Out-of-State Transfer section of the [Wisconsin Candidate Handbook](#) to determine your eligibility.

The personal information will only be used to determine whether you can be employed as a nurse aide and to notify employers of your eligibility status. Failure to provide complete and accurate information on your application may delay or prevent your entry on the Wisconsin Nurse Aide Registry.

APPLICANT MAILING INSTRUCTIONS

All applicants must complete Part I of this application and mail this application with the required documents by following instructions below depending on which state you are transferring from.

Individuals transferring from California, Colorado, District of Columbia, Florida, Louisiana, Mississippi, Missouri, North Carolina or Pennsylvania should **mail** their completed Out-of-State application, the certificate/diploma from a basic nurse aide course, to include the date of completion, or a transcript or letter (must be on letterhead) from the training program verifying the number of hours of nurse aide training received to:

**Wisconsin Department of Health Services
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701**

Individuals transferring from all other states (not listed above) must mail their completed applications to the state they received their initial basic nurse aide training from. They will complete PART II and send to WI DHS.

Please note, **faxed or emailed versions of the application will not be accepted.**

A complete list of State Nurse Aide Registries is available at: ncsbn.org/Directory_of_Nurse_Aide_Registries.pdf.

PART I

A. REGISTRY INFORMATION

1. Have you ever been listed on the Wisconsin Nurse Aide Registry? Yes No

2. In what state did you complete your nurse aide training? |__|__|

3. In what state were you first listed on the nurse aide registry? |__|__|

4. In what state are you currently listed on the nurse aide registry? |__|__|

a. Include REGISTRY # (if applicable) |__|__|__|__|__|__|__|__|__|__|__|__|

5. List all other states where you have been listed on the Nurse Aide Registry:

|__|__| |__|__| |__|__| |__|__| |__|__|



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b. Passed a State-Approved Competency Evaluation after completion of training program:

Date: |_|_|-|_|_|-|_|_|_|_|
 MONTH DAY YEAR

This training meets all current OBRA (Long Term Care Requirements): Yes No

This training meets all current Federal home health aide requirements: Yes No

c. Challenged a STATE-APPROVED COMPETENCY EVALUATION without completion of a training program.

d. "GRANDPARENTED" onto the Registry based on work experience as a nurse aide.

e. "DEEMED" onto the Registry based on completion of a training program deemed to meet OBRA long-term care requirements.

f. Based on reciprocity from the state of |_|_|.

C. The Registry for this state has substantiated a finding of abuse, neglect, or misappropriation for the applicant.

If "Yes," please attach a summary: Yes No

Completion of this form certifies that the information contained on the form relates to the applicant named in PART I and the information is on file in the office of the undersigned.

1. Print name of official completing this application:

2. Signature: _____

3. Title: _____

4. Telephone Number: _____

5. Agency: _____ **State:** _____ **Date:** _____